THE

CHICAGO MEDICAL EXAMINER.

N. S. DAVIS, M.D., EDITOR.

VOL. IV. FEBRUARY, 1863. NO. 2.

Original Contributions.

ARTICLE III.

VALEDICTORY ADDRESS,

DELIVERED AT THE END OF THE WINTER-SESSION, 1862.

BY F. MAHLA, A.M., Ph. D., Prof. of Chem. Med. Dep. Lind University.

GENTLEMEN OF THE GRADUATING CLASS:

You have devoted yourselves to an arduous profession, and have received the highest honor which could be conferred by our Alma Mater, under whose auspices you have begun and completed your studies.

It has been customary to select this occasion for commending to the attention of graduates, certain thoughts, which cannot very well be discussed in the ordinary course of instruction. The agreeable duty of following up this usage, at the end of the present term, has been assigned to me. In discharging this trust, I venture to say, that you are better prepared to commence your professional career, than the usual range of medical students. I do not say this with the intention to flatter your vanity, or to make an ill-timed compliment to ourselves, your late instructors. I believe, however, that you can rightfully claim a better qualification, on the ground, that the course of teaching in this Institution is so much more extended than that

of other schools of medicine, that you have had ample occasion to devote your full attention to every branch of medicine. The clinical advantages, also, you have enjoyed, gave you rich opportunity to improve, and perfect your knowledge in every respect.

A new era in your life, Gents, commences to-morrow. You are going to show that the grain which you were sowing has developed itself to a plant, which bears fruit itself. When in the act of commencing such a new epoch in life, the human mind is more willing than ever to consider a friendly advice, as well as an earnest request. On this supposition, I wish to make you aware of the fact, that you assume this evening important responsibilities and duties. I need not enter into specifications, as far as your relations to the public are regarded, for it suffices to recommend you: try to be men in the noblest sense of the word, and you will readily discover the right ways. Be honest, upright, never faltering in the discharge of your professional services, and you will feel that you are doing justice to yourselves, as well as to the public.

I cannot omit, however, to bespeak at a greater length, a duty which you owe, not only to yourselves, but also to the noble profession to which you now belong. This important duty consists in continuing your studies with energy and perseverance. I pray you, therefore, Gents, not to throw your books away in leaving these halls; and let me hope that you will not forget this request. Alas, that so many who go forth from the various schools of medicine, suppose it to be sufficient if their fellow-citizens think them to be learned men, because they are permitted to append the M.D. to their autographs. The physician, who feels contented to possess an approximative perception of what concerns the human system, who feels exceedingly gratified if he can deceive others as to his real knowledge, that physician may attract patients, he may be able to amass wealth, but he is not worthy to practice the hypocratic art. He succeeds in a *certain* sense, but lacks the *true* success.

I can readily imagine, that some of you, in entering upon the study of medicine, have done it, not for the beauty of medical

science, but for the seeming lucrativeness of the "business." Let me hope that none of you leave these halls with these unfortunate ideas, for I would feel that the instructions which you received in this Institution had been in vain. Indeed, very few physicians succeed in making fortunes by their practice; and, if you made wealth your aim, you may, perhaps, be sadly disappointed. I am certain, however, that *you* have higher motives, and that you love medicine not as a *business* but as a *science.*

You may have come to this school with the impression that medical knowledge consists in the art of getting up prescriptions. In leaving it now, you are aware that this part is of but minor importance, as far at least as the science of medicine is regarded. You know now, that this science is the means which enables you to solve even the most difficult questions that concern the vital system, yea, even life itself.

It is obvious that a science with so wide a field, requires deep and earnest studies. A man who ardently wishes to master his profession, must not wantonly pass over an imperfection in his knowledge. He must not fancy that the acquirement and cultivation of certain branch sciences of medicine is a burden, and will hinder his progress. Remember well, that a vessel which seeks deep water is precious and reliable; the shallow craft, however, though possessing speed, may capsize during the first gale, and woe then to the poor unfortunate who trusted to it too eagerly. Let me recommend you, therefore, to continue your studies; and, as far as I can see, you are not disposed to consider the granting of the title of Doctor of Medicine as the keystone of your professional education. Your education has, indeed, but just commenced, and it will take a long life of earnest study, to become adepts in your art.

Gents, you have chosen a noble avocation. BACON already said: "Physics is the mother of sciences, and contributes as such to the civilization of the people." History has approved of this sentence, and nothing is easier than to show the truth of these words. Let me merely remind you of past epochs, let me point out the times of the old powerful Roman Empire,

when it was supposed to be necessary to create particular deities for every disease. Gods and goddesses were busy from the birthday of an individual up to his death-bed. The convulsive twitchings of a child, just as well as the accomplished mania of an adult, were ascribed to demoniac influences; and no cure was undertaken, unless the favor of the gods was bribed by immolations. Again, let me mention the times of the middle ages, when men were punished with death, under the pretence, they had by witchcraft produced epidemic diseases; and let me now direct your looks upon the enlightenment of the present age,—then you will ask with me: must we not feel gratified over the change that took place in so short a period? Civilization, like the rising sun, diffused its golden rays, until people bowed their heads in admiration of its power; and we may proudly say, that medicine has been the stimulus for its development.

In the course of time, when the healing art was no more inherited by tradition from one generation to the other, but made the object of regular studies, it was found that it had to derive its chief support from the socalled natural sciences.

Simple and natural, like the morals of the ancients, were, undoubtedly, also their medicaments. We know that the first medicines were derived from the vegetable kingdom. At a later period, when the necessity for iron tools was felt, the mineral kingdom was explored, and many mineral substances were soon also valued as remedial agents. The wants of the healing art were, however, daily increasing; and as soon as chemistry, in its first rudimentary form, made its appearance, its products were drawn into the circle of medicinal usefulness, and employed for the purposes of curing diseases. Prolongation of life, and the preservation of youth, were then the objects of research. Cosmetics, paints, and costly waters, made their appearance on the toilet-table, and were, probably, not less appreciated by the fair sex, than at present. The wheel was thus set into motion, and the most invaluable data were brought to light in rapid succession. Soon each of the natural sciences was made a special study. Chemistry especially, and physical philosophy, made such astonishingly rapid progress, that they had to be

regarded not only as the fundamental branches of medicine, but soon became also, indispensable to industry and science. We see, thus, that the natural sciences, which were cultivated at first merely for the purposes of discovering means by which life might be prolonged, soon became the most effectual supports of refinement and welfare. Is this difficult to prove? If you think so, consider the single discovery of oxygen, made not a full century ago. The morals and habits of the whole civilized world were changed since that time. The knowledge of the composition of the atmosphere, that of the solid crust of the earth, of the water, and their influence upon animal and vegetable life, are connected with it. The lucrative running of innumerable factories and trades, the important metallurgic processes, by which the precious metals can be extracted from the earth, depend on it. Thus, it may be asserted, without hesitation, that the material welfare of entire nations has been doubled and quadrupled since that discovery; and I do not believe we say too much, in proclaiming, that the wealth of every individual has been increased by it.

Every discovery brought to light by studying natural sciences, has similar beneficent consequences, and affords advantages to the individual as well as to the community, by increasing their power and well-being. In order to convince you of this fact, look at more recent discoveries. Not many years ago, the world was startled by the invention of the iron horse; soon after, flashes of lightning were used to send a friendly word from one hemisphere to the other; still later, the solar light was employed, not only by the artist, who painted with its fiery pencils, but also by the chemist, who detected with its aid, traces of substances, in proportions, which a mathematician will find difficult to calculate. All this has been accomplished by those natural sciences, which received the first impulse for their development through the study of medicine. But what has become of this latter science itself? Has it made equal progress with its sister sciences? It is true, medicine also has been developed astonishingly. Talented men devoted their energies to it; but if we disregard the wonderful discoveries in surgery,

must we not acknowledge that a great deal remains to be done in the province of medicine, before empyricism shall make room for a rational and positive science?

I could mention numerous facts, which would convince you of the truth of my assertion. A few, however, will suffice, and I refer, therefore, to the struggle between solidism and humorism. If you carefully consider the principles of these two theories, you will discover that the idea of the personification of disease is put forth by them. Disease was regarded, during centuries, as something which had existence in itself, and was, as such, contrasted with health. The more this idea gained ground, the more appeared the necessity to locate, at least, disease in certain parts of the animal organism. Solidism suggested that it resided especially in the solid parts of the body, while humoral pathology argued its existence in the fluids. Involuntarily, a conflict was thus originated, in which the partizans of either side had the same watchword: here disease, there health and life. Life and disease carried on war in the body, against each other. The result of this supposed struggle was, however, always unfavorable to disease, for its victory was a suicide, in as far as it perished with life itself. This contradiction should have been sufficient to show the incorrectness of the idea. Indeed, it does not seem difficult at all to see that disease is nothing else than life itself, whose functions, owing to the change of outside influences, are manifested in an exceptional form. This view of the nature of diseases is even not shaken by the sudden appearance of epidemics; for, if disease has to be regarded as the irregular manifestation of an individual life, we have to look upon epidemic diseases as upon the symptoms of a disturbance in the life manifestations of entire masses. They will make their appearance when and wherever numbers of people are subjected to the same unfavorable circumstances.

The vehement and dreadful suddenness, with which epidemic diseases often made their appearance, had, during centuries, the effect of almost paralyzing the human intellect. Instead of searching for *natural* explanations, the fundamental indolence

of mankind found it easier to attribute to them a divine origin; and their existence in certain localities, was only too often called a divine punishment for human sinfulness.

If, however, disease is nothing else but life under changed and unfavorable conditions, then it is obvious that curing disease is nothing else but the restoration or re-establishment of the normal life-manifestations.

Life is not a condition which remains the same at all times, but one which continuously *re*forms. We may compare it with a river, which uninterruptedly rolls away in the individual channel; and the highest duty of the medical man, consists in regulating its current, removing obstructions from its course, so that it cannot cause destruction by overflowing, nor loose itself among sands.

Modern medical science refutes the phantom of a personified disease. Let us do the same, and we will find that we have to drop also the idea of the existence of specific remedies. We strip the latter of their magic charm, by destroying the entity of diseases.

It is not very long ago, that doubts as to the existence of specifics, were timidly raised. Mercury in syphilis, quinine in fevers, were quoted as such. We know now, that not diseases as such are the objects of therapeutics, we regard, as such, merely the changed and irregular manifestations of life; and we must admit, that these can but very seldom be identical. This single quotation already might convince you, that the science of medicine is daily undergoing transformation. I might mention hundreds of similar instances; and I entertain no doubt they would have the effect of rousing not only your interest, but also your ambition, to participate in solving these seeming mysteries.

Some of you might, however, be inclined to say: true, had we been living at that time, we also would have contributed our share, but these questions and uncertainties are now fully settled. To those I would only suggest, that the field of observation is daily getting broader and wider. Not long ago, our science only recorded the positive fact of a source of continuous

heat in the animal organism, without attempting a further explanation; when the discovery of oxygen and LAVOISIER'S theory, made it possible to view the respiratory process as a combustion. The suggestion that animal heat was the natural consequence of this combustion process, was near enough, and also this problem seemed to be fully settled. The assumption was made, that the stability of animal heat was maintained by the combustion of carbon in the body; and even our most celebrated men asserted, singularly enough, that by this combustion, just as much heat was developed as by the combustion of carbon in air or in oxygen: and the attempt was even made to show by calculation the necessity of this stability of heat. Soon, however, the suggestion was raised, that the comparison between the two combustion processes had to be essentially modified; for we have not carbon in the state of an element in the system, but as a constituent of those numerous organic combinations which form component parts of the animal body. Many of these contain, besides carbon, hydrogen and oxygen, also nitrogen, and still others in addition, sulphur and phosphorus; and it is obvious that all these substances are not only liable, but must undergo, simultaneously, combustion. This combustion does, however, not take place in such a manner that the final products which we exhale or secrete are generated directly by the entire dissolution of the muscular substance, or similar constituents of the organism. It is now a well-established fact, that many intermediate compounds are generated, before the final products—carbonic acid, urea and water—are ejected as effete matters from the system.

Alcohol, *f. i.*, is first converted into acetic acid, this latter into oxalic acid, before carbonic acid and water are produced from it; and how numerous are the intermediate products of combustion, generated from such complicated bodies as albumen, fibrin, etc., before they are resolved into urea, carbonic acid, and water?

Finally, it seems very likely that this complicated combustion is not the only source of heat. How much of it may be attributed to other chemical processes, as *f. i.*, to the chemical com-

bination of acids and bases, or the absorption of gaseous substances in liquids, is difficult to say.

One thing is, therefore, certain, that the original view as to the source of heat, was not correct; and that the natural philosophers in attempting to explain by calculation the stability of heat, and taking carbon only in consideration, committed a gross mistake. Animal heat is but one of those numerous vital phenomena, for whose elucidation the physiological chemist studies all those minutiæ, and retains them in his memory. For whom, indeed, could the study of chemistry and chemical physiology be of a greater interest than the medical man? for whom could it be more profitable and necessary to gain an insight into the processes of digestion, respiration, and nutrition? and, still it is a fact, that this beautiful science which constitutes, in reality, the basis of medicine, is usually neglected by the physician. It is true, the attention of medical men in Europe has, during the last decennia, been more and more directed towards this study, for the development of physiology made it an absolute necessity. It seems to be different, however, on this side of the ocean.

The people of these States are said to be money-loving; and calumniators dared even to assert they placed the money-making principles above their God. If ever this should have been so, let me hope that this period has passed by, especially in medicine. There may have been, or there are, perhaps, physicians, who know medicine, not as a science, but as an *experimenting* art, who recognize no principles, but rules taught by experience, who suppose it to be sufficient if they remember how this or that operates in this or that case. Such an experimenting art does not inquire into reasons, it ignores the little word "why." Without a correct conception of natural phenomena, without a thorough physiological and chemical education, is it to be wondered that such physicians change so easily their professional creeds?

The doctrines of HAHNEMAN found, at a certain period, followers in Germany, in that land in which they were originated; but science did not long tolerate the ridiculous and pig-

mean excrescence. Homœopathy had to die, before the swaddling-clothes were fairly removed from the ill-born creature.

The seeds of useless weeds, however, are easier propagated than those of cereals. We are all aware of this fact, and it may serve us to explain the strange phenomenon, that doctrines which were repudiated in the country that originated them, found a fertile soil on this side of the Atlantic. Our great chemist, LIEBIG, in alluding *to the same thing*, says: "Intelligence alone, does not protect even entire nations from aberrations of mind; the child, however, ceases to fear phantoms, the more its mental faculties and knowledge are developed." Gents, I think we may console ourselves with him.

In entering now, Gents, upon your professional career, you will meet strange brethren. You will find not only partizans of all sorts of isms, you will also encounter men who pretend having made regular studies, but deport themselves as if they had discovered the philosopher's stone, and were infallible in their skill. To hear this sort of men, they never fail to cure a disease, and always send their patrons away rejoicing. Such men are usually good business managers, they are shrewd and sharp, and never hesitate to take advantage of even the vilest and most despisable means. Every wheel is set into motion by them, in order to gain notoriety. They, *f. i.*, not only make advertisements, by covering all buildings with immense posters; they also manage, in some way or the other, to have an editorial friend, who, from time to time puffs, in an extra item, the wonderful cures of the doctor. Usually, also, they make a special disease their favorite; and all their patients must be afflicted with that speciality. To hear them, they have, *f. i.*, any numbers of patients with typhoid, or with heart disease, and these they cure in less than no time.

I need not warn you to avoid this sort of proceeding. You are too well-versed in the science of medicine, to sink to the rank of charlatans.

I cannot omit, however, to refer to others, whose moral principles are not superior to those of the preceding. There are physicians, who adopt the policy to see in every little indis-

position a grave disease, in order to cover themselves with glory, by showing how rapidly they can cure it. Shall I urge you, Gents, to avoid also this reef? If you consider that your opinion as to the probable result of an indisposition is often regarded as authority, if you perceive what amount of grief and sorrow you are able to produce in already afflicted hearts, *you* certainly do not wish to earn your fame in this way. Still worse in his acts is, however, that medical man, who, in preferring the surgical arena, never hesitates to perform an operation, though he is well aware, that by undertaking it he sacrifices the life of his patient. He is doing it, however, with the hope to acquire thus the renown of a skilful operator.

In cautioning you not to imitate these men, I do not intend to advise you to hide yourselves before your fellow-citizens. Times will come, when your firm hand will prove you a good operator, when your diagnosis will herald you a physician, and will bring you fame and success.

Success! What a charm for a beginning practitioner, is in the few words: professional success! Honor and wealth are coupled in it. Many who find the first, cannot get the latter; few can boast of having acquired both; but still fewer can pride themselves of true success. By true success, I do not mean the accumulation of riches, for they may be also, and in most cases are, quicker obtained by the mere charlatan. I mean by it, that success which every man finds in the faithful discharge of his duties, which his own conscience is granting him; and allows him, when more advanced in years, to review, with pleasant feelings, his former life.

Gents, do you wish a success like this? If so, you must throw aside all selfish thoughts, must never complain of tiresome professional duties, and must possess a great deal of self-sacrificing energy. The life of such a physician is, however, far from being always pleasant; for you may be summoned at nights, or at daytime, you must never hesitate to follow. May it be the costly mansion of the rich, or the humble homestead of the poor, go and bring them relief if you can. If then, in after years you can say, that you were able to dry the flowing tears,

and fill with joy again the sorrowed hearts, by your professional skill, then you will grant the truth of my assertion: this only was a true success. You will, then, esteem yet higher, the noble profession which you have chosen for your career.

Gentlemen, the course of instruction, which this evening ceases, has given us occasion to form an acquaintance with each other, which, as I hope, will not lack of future friendship.

In commencing your professional life, I am confident you will give credit to the Faculty of the Medical Department of Lind University, for its efforts to make your attendance in this Institution both agreeable and profitable. You received the Diploma of this School of Medicine, as a just tribute of your medical attainments. As I know you, I feel confident you will continue your studies, you will love and honor your profession, you will rank high in all moral perfections, in fact, you will acquit yourselves like men.

I cordially tender you, therefore, in the name of our Faculty, my hand, and bid you a friendly and affectionate farewell.

ARTICLE IV.

TWO SUCCESSFUL CASES OF OVARIOTOMY.

By W. H. BYFORD, M.D., Professor of Obstetrics, &c., Medical Department Lind University.

Case I.—Mrs. H., aged 38 years, has been gradually increasing in size with ovarian dropsy, for the last four years. She first observed a small tumor in right iliac region. Before removal, it filled up the pelvis and abdomen, until the patient was as large as if at full term of pregnancy. Her suffering for several months had been very great, on account of impaction of the pelvis, and her general health was rapidly deteriorating. The tumor was multilocular; and with its contents, weighed nineteen pounds.

The operation for its extirpation was performed in presence, and with the assistance of Drs. Shumway, Cheeney, Davis,

BEVAN, and JONES. An incision between three and four inches in length in the linea alba, about equal distances from the umbilicus and pubis, enabled us to draw off the contents of the numerous cysts with the trochar, and extract the whole tumor with great facility and dispatch. The pedicle was transfixed by a needle carrying a large double hempen ligature, and tied in two parts firmly as I could draw the twine. The wound was closed by three silver pins, the lower of which was passed through the middle of the pedicle, so as to confine the cut edge upon a level with the skin of the abdomen. I should have mentioned, that after being tied, the pedicle was divided between the ligature and the tumor with the knife. When the tumor was first exposed, there were within view, ramifying over its surface, a number of large veins, several of those were larger than a goose-quill. The pedicle was large and fleshy, showing several large venous trunks. There were no adhesions anywhere; and the only obstacle to a ready removal of the tumor, when lessened by evacuation, was caused by a cyst that completely filled up the cavity of pelvis. It was so completely moulded into the inequalities of that cavity, that some force and address in manœuvering were requisite to lift it out. The wound was covered with a water compress, and the abdomen encircled with a broad woollen binder. The operation and dressings were finished in eighteen minutes, after the patient was completely under the influence of chloroform. Dr. SHUMWAY, whose patient she was, and to whom much credit is due, for his assiduity and skill in the after management of the case, kept full and accurate notes; they are highly interesting on several accounts, and will be read with profit by those who are studying the subject. They are subjoined:—

Operation was completed at 3 o'clock and 33 min., Oct. 29th. 4, P.M., vomited once a little water; pulse 76; complains of smarting pain at seat of wound, and severe pain in the bowels: "like the pain of colic;" ordered tinct. opii. gtts. 40. 6, P.M., much more comfortable; says that she has not a particle of pain in the right side, but complains of pain in the left hypogastric region and down the left thigh; pulse 88, full and soft. 6.30,

P.M., pain continuing, gave tinct. opii. 30 gtts. 8.30, P.M., still complains of severe pain in left hypogastrium and thigh; pulse 88; gave tinct. opii. 40. gtts. 11.30, P.M., patient easier; has slept, with a few minutes intermission now and then, since 9 P.M.; pulse 88, as before. 12, P.M., return of pain; gave tr. opii. 30 gtts. Thursday 30th, 3, A.M., used catheter at patient's request; comfortable; pulse 88. 9, A.M., pulse 90, full and soft; complains of return of pains in the left thigh; gave tinct. opii, 30 gtts. 12, M., complains of thirst, otherwise very comfortable; ordered *ice, ad libitum;* repeat tr. opii. 30 gtts. 3, P.M., symptoms unchanged; relieved bladder with catheter; tinct. opii. 30 gtts. 5.30, no change, patient comfortable. 9, P.M., patient cheerful; ordered tr. opii. continued every three hours if she is restless, or complains of pain. Friday 31st, 8.30, A.M., found patient comfortable; has slept at intervals during the night; pulse 90; skin cool; does not complain of pain, except a slight smarting at the seat of wound; cath. 8.30, P.M., finds patient feverish; pulse 100; countenance anxious; skin dry and hot; very restless and irritable; much troubled by secretion of mucus in the trachæ, with desire to cough; slight fulness of the abdomen; had taken 40 drops tinct. opii. at 4, P.M., ordered 40 drops more, as she was still unable to pass water; her bladder was relieved by use of catheter. 10, P.M., less bronchial irritation; continue tr. opii. 30 gtts. every three hours. Saturday, Nov. 1st, 8.30, A.M., more comfortable; pulse 96, softer and fuller; has slept at intervals during the night; tympanites increased; ordered em. terebinth; continues tr. opii. 12, M., considerable tympanites; complains of pain in the bowels, with desire to go to stool; upper part of the wound looking well; slight phlegmonous inflammation about the pedicle; pulse 100; continue em. terebinth and tr. opii. 6, P.M., tympanites increased; but less tenderness over the abdomen than there was last night; more cheerful; pulse 96, soft and full; gave 5 grs. calomel; continue em. terebinth and tr. opii., with b. c. soda. Sunday, Nov. 2d, 8.30, A. M., found patient cheerful, she says that "she is almost well, and meant to have had her clothes changed before the doctor

came;" nurse was engaged making her toilet; ordered all operations of that kind to be suspended; pulse 100; tympanites increased, but no tenderness over the abdomen; continue em. terebinth, tinct opii. and *perfect rest.* 4, P.M., found patient much worse; was taken soon after we left in the morning with severe pain in the left hypogastrium; pulse 128, small and quick; skin hot and dry; tympanites or flatulence much increased; gave tr. opii. 40 gtts., and ordered enema of

Ol. Terebinth,..... .....℥ss.
Ol. Ricini,.....℥i.
Yolks of 2 eggs,.....
Gruel,.....Oj. M.

6, P.M., enema retained; gave another of soap-suds, which brought away a large amount of gas, but no feculent matter; pulse 120; pain subsided; abdomen tender; wound looking tolerably well; union appears firm at the upper part; considerable phlegmonous inflammation about the pedicle; ordered the em. terebinth and tr. opii. continued every three hours, and one grain sulph. quina to be added to each dose, and the abdomen covered with a poultice of flax-seed meal, after being rubbed with ol. terebinth; care being taken not to get any of the oil into the wound; gave fl. ext. rhei. and senna, ℥ij. Monday, 3d Nov., 8.30, A.M., patient rested tolerably well through the night; pulse 116; abdomen very much distended; wound firmly united at the upper part, but looking unhealthy about the ligatures; cut the ligatures, and removed two of the needles; a serous discharge followed the withdrawal of the needles; ordered beef-tea and milk-punch freely; pinned a bandage tightly around the abdomen; she does not complain of pain upon pressure; repeat fl. ext. rhei. et. senna. 12, M., abdomen enormously distended; patient restless; pulse 120; gave enema, which brought away a large amount gas, which much relieved the distention of the abdomen; repeat the rhei. and senna. 6, P.M., pulse 120; distention very great; applied adhesive-straps to support the wound; complains of no pain or tenderness; bowels have not moved; ordered enema, which only brought a discharge of gas; gave 12 grs. calomel. Tuesday 4th, 8.30, A.M., bowels have

not moved; pulse 116; only complains of the distension of the abdomen; ordered bot. citrate magnesia. 2, P.M., the bowels not having moved, gave enema of ol. terebinth, which produced a free movement of the bowels, with discharge of a large quantity of gas, almost entirely relieving the abdominal distention. 5.30, P.M., patient expresses herself as "almost well;" pulse 108; skin cool; ordered injection, repeated in three hours if the bowels do not move again in the meantime; continue milk-punch and beef-tea, and give tinct. opii. 30 gtts., after the bowels move again. Wednesday 5th, 9, A.M., the injection last evening produced a complete collapse of the abdominal wall; patient slept nearly all night,—is very comfortable this morning; pulse 106; no pain, no tenderness, except at seat of wound. 5, P.M., improving steadily. Thursday 6th, 8.30, A.M., pulse 100; no unpleasant symptoms; wound around the pedicle discharging freely; takes considerable nourishment. Friday 7th, same as above. Saturday 8th, removed the remaining needle which transfixed the pedicle,—ligature firm. Sunday 9th, wound looking well; patient looking and feeling very well,—appetite good.

CASE. II.—I was called, Nov. 5th, 1862, to see Miss P., aged 20 years, at Eleroy, Illinois, suffering with ovarian dropsy. There had been nothing remarkable in the condition of her health, although of rather spare and fragile form, until February last, when she first observed a tumor almost the size of an orange, in the right iliac region. Her menses ceased to make their regular appearance about the same time. The tumor had grown quite rapidly; and she had suffered for several weeks severely from pressure. At the time of examination, she seemed larger than most women at full term of pregnancy. The patient was examined by, and in consultation with, Drs. L. A. MEASE, B. J. BUCKLEY, F. W. HANCE, E. C. DE PUY, and JOHN CHARLTON, of Freeport, Dr. R. HAYS, Lena, and Dr. J. A. DARLING, of Eleroy. It was unanimously decided that the tumor was multilocular, and as it had grown so rapidly, and the patient had begun to suffer from its great size,—she could not long survive, if not relieved,—that extirpation was the only

means of cure advisable, and that owing to the probabilities of a large portion being solid, and the existence of adhesions, the chances of success were less than ordinary. The conclusions of the consultation being submitted to the patient; with a heroic determination, that I think had much to do with her recovery, she begged us to give her what she considered the only chance of escape from a lingering and sure death. With the assistance of the above-named gentlemen, the operation was performed in the following manner:—After anesthesia was induced by chloroform, an incision in the linea alba, midway between the umbilicus and symphisis pubis, about two inches long, exposed the tumor and evacuated several pints of peritoneal effusion. Upon introducing the finger to survey the tumor, some slight adhesions were torn through. A large trochar was next plunged into one of the presenting cysts, as no fluid flowed out of the canula, it was withdrawn. Attached to it was a thick glutinous semi-fluid, that was so tenaceous as to admit of being drawn into a string, two feet long. It was evident that the contents of these sacs could not be thus evacuated. The external incision was enlarged until it was about five inches in length. The abdominal walls pressed closely against the tumor; a free incision made into the cyst, and the contents, almost as thick and dark as tar, pressed out. The same procedure was repeated upon several sacs, until the size of the tumor was considerably decreased. Upon drawing the partially, collapsed tumor forward, and examining its sides, firm and extensive adhesions were discovered in every direction in which the examination was pushed. Much of them gave way under the fingers, by using considerable force; there were, however, firm bands of fibrin, from two to three fingers wide, two of them were far around toward the spine, which, on account of their firmness, had to be separated by the ecrasseur, The external wound was again enlarged upward, until it was about nine inches in length, and the tumor lifted out of the abdominal cavity. After passing a double hempen ligature through the centre of the pedicle, and securing it by tying each side firmly as possible, the chain of the ecrasseur was passed through it, close to the tumor, and above the ligature. Owing to the

careful attention of the gentlemen present assisting, very little of the contents of the sacs, and, probably, no blood found their way into the abdominal cavity. The external wound was now closed by four pins and several silver sutures. The stump was transfixed, and retained in the wound with its surface even with the external surface, by the pin nearest the pubic extremity of the cut. I should have before stated, that the great omentum which lay on the upper part of the tumor, was adherent throughout the whole extent of contact, but these adhesions were so feeble that they gave way under pretty smart force exerted by the fingers for the purpose.

Very little blood was lost; and the patient bore this terrible operation without any appearance of shock or depression whatever. The time occupied in completing the operation and dressing, was forty-five minutes. A compress wet with water was placed over the wound, and secured by a broad flannel binder. The tumor with its contents weighed 30 pounds. After witnessing the extensive adhesions, peculiarity of contents of the tumor, &c., all present joined in expressing the opinion that recovery was hardly to be thought of as a possibility. It will be noticed, that in these two operations, although as great care as practicable,—on account of the difficulties of the case,—was observed in avoiding extravasation or effusion in the peritoneal sac, no effort by sponging or wiping among the intestines, was made to remove any substance that did escape. Such was the case also in the first operation I ever performed; and I cannot but express the conviction, that the amount of ovarian fluid should be very considerable or acrid in quantity, to justify the rough operation of sponging it out. The notes of the case, after the operation, were kept and forwarded to me by Dr. J. A. DARLING, of Eleroy, and I have not altered them, believing them to be a faithful exhibit of the progress toward a cure. Although somewhat lengthy, they show but one interesting circumstance, which is, that "our patient" recovered from the effects of the operation without a single bad symptom:—

Operation finished Nov. 5th, 12.30, P.M.; pulse feeble, and 120 per minute; countenance pale; nausea and vomiting from

effects of chloroform; complains of pain in back; took teaspoonful of tinct. opii. 2.30, P.M., nausea continues; less pain in back; lies on side, disposed to doze; pulse 120, good volume; natural color returning to face; respiration 40 per minute. 5 o'clock, P.M., pulse 112, full and soft; resting well; respiration 40 per minute; complains of pain in back; some thirst; took teaspoonful of tinc. opii., which was immediately rejected; 7 o'clock, P.M., pulse 104; nausea; skin cool, soft, and natural; ¼ gr. morphia, which was immediately rejected; complains of pain in back; slight desire to urinate, which was relieved by catheter; has slept some last two hours. 8 o'clock, P.M., pulse 120; more urgent nausea, otherwise comfortable; ¼ gr. morphia immediately rejected. 8.45, P.M., ¼ gr. morphia retained. 10 o'clock, P.M., ¼ gr. morphia; some restlessness. Nov. 6th, 2 o'clock, A.M., ¼ gr. morphia; dozing. 5 o'clock, has slept some; ¼ gr. morphia; pulse 125; desire to urinate, relieved by catheter. 8 o'clock, A.M., pulse 118; skin cool, soft, and natural; ¼ gr, morphia; some nausea. 10 o'clock, A.M., ¼ gr, morphia. 11 o'clock, pulse 120; inclined to doze. 1 o'clock, P.M., skin moist; breathing good; pulse 120, and soft. 1.15, P.M., removed bandage,—wound looking healthy; no pain or tenderness; desire to urinate, relieved by catheter; pulse 108; 1 gr. opii. (Tilden's preparation;) skin soft and cool; no nourishment taken. 3 o'clock, P.M., took a little crust coffee. 3.45, P.M., 1 gr. pill opii., with crust coffee for drink; inclined to doze. 5 o'clock, P.M., pulse 120; complains of back, otherwise comfortable. 5.30, P.M., 1 gr. pill opii.; complains of occasional shooting pains in abdomen; pulse 129. 7.15, P.M., 1 gr. pill opii. rejected. 7.30, P.M., 1 gr. pill opii. retained; inclined to doze. 8.45, P.M., 1 gr. pill opii. 10 o'clock, relieved bladder by use of catheter. Nov. 7th, 6.30 A.M., have given through the night 1 gr. pill opii. every hour and a-quarter; patient has rested well; skin cool; respiration natural; has no pain, except in back.

Nov. 9th. Our patient, thus far, is exceeding our most sanguine hopes. I will continue notes as taken from my book:—

Nov. 7th, 3 o'clock, P.M., pulse 120; tongue, some dry and

red at tip, with thirst; no nausea. 5 o'clock, P.M., saw patient with Dr. CHARLTON; commenced the use of ess. beef, which relishes well; removed bandage,—wound looking well; have decreased the opii. to 1 gr. every four hours; tongue dry and slightly coated. Nov. 8th, 3 o'clock, A.M., patient resting well; tongue more natural; pulse 135. 7 o'clock, A.M., pulse 130. 10 o'clock, A.M., removed bandage,—wound looking good, with very slight suppuration; pulse 130; commenced the use of Tilden's f. ext. veratrum viride, 2 min. every two hours, continuing 1 gr. opii. every four hours; patient cheerful and happy; continues use of beef ess. and crust coffee; tongue moist. Nov. 9th, 8 o'clock, A.M., have continued above treatment through the night,—patient rested well; slight sweating when sleeping; complains some of flatus; gave 3 gr. carb. soda; pulse 110, with all other symptoms favorable; have discontinued use of verat. viride. I would here state that I have emptied the bladder regularly. 5 o'clock, P.M., saw patient with Drs. BUCKLEY and CHARLTON; removed bandage,—wound looking healthy; slight suppuration,—healing mostly by first intention; pulse 120; tongue moist; skin cool. Nov. 10th, 7 o'clock, A. M., patient has rested well through the night; pulse 120; tongue slightly dry; has no pain; have given through the night opii. as usual, with verat. viride every four hours; patient feels well and cheerful,—thinks she has grounds for hope that she will recover; there is but slight distention of abdomen.

Nov 12. Our patient is prospering finely; thus far, everything looks favorable for a recovery. Her pulse, this morning, is 84; tongue moist and clean; the only disagreeable symptom is wind in the bowels. I moved them yesterday, and shall give another injection this morning. I have continued treatment with opii. and verat. viride, the same as at first, also anise-seed tea. I am giving her all the nourishment she will take, in a liquid form.

Nov. 14th. Our patient is still doing well, has no fever, nor any unpleasant symptoms. I have moved the bowels: I used simply an injection of soap-suds, with a little turpentine. She begins to eat toast and some roast potato, with a good supply

of beef essence. The wound is looking well. The superior one-half is entirely healed. I have removed one pin and two sutures, shall remove one pin to-day. I have continued treatment same as formerly.

Nov. 17th. Our patient is gaining as fast as could be expected. The wound is healing gradually, the superior one-half is entirely closed, the other is suppurating some. I have removed two of the pins and the three sutures, the others I shall allow to remain for a few days. I am treating her now with opium and quinine, 1 gr. each, every four hours. Her pulse is about 110 per minute, soft; tongue clean and good; skin soft and moist; and all appearances favorable. We have strong hopes of a recovery; I am giving her plenty of nourishment.

Nov. 19th. Our patient is gaining as fast as we could hope for,—she begins to have an appetite for food. I am continuing treatment with opium and quinine; the wound is healing slowly. I have not removed the two lower needles, yet the stump looks well. I have moved her bowels with injections about every other day, they have moved once without any medicine whatever. I see nothing to hinder a favorable termination.

Nov. 22d. Dear Sir:—Your favor of 19th was duly received. I will first answer your questions:—1st. There has not been any hemorrhage whatever from the stump or wound. 2d. There has not been distention of the abdomen at any time of any account, she only complained one day of flatus.

She is now getting along as well as could be asked for: has a good appetite, feels cheerful, and says she wants to sit up. I have removed three of the pins; I thought it was best to allow the lower one to remain for a few days, yet the stump is about on a level with the abdomen. I am giving her quinine with reduced doses of opium.

February 14th. Both patients have completely recovered from the operation, and are in good health.

ARTICLE V.

OVARIAN PREGNANCY.

By R. B. TREAT, M.D., of Janesville, Wis.

On the 14th of May, 1860, I was solicited to visit Mrs. H., a highly respected, married lady of this city, about 37 years of age, and the mother of several children. I found her much reduced from uterine hemorrhage, which still continued. She supposed herself two months advanced in utero-gestation, when the flooding came on. She also concluded that the fœtus had been expelled, but not the placenta.

Not being satisfied that either had been expelled, I made a careful examination: found the uterus larger than in the unimpregnated state, but in the natural position, cervix shortened somewhat, and the os uteri slightly dilated, but impervious to the finger, consequently, I prescribed the usual remedies for flooding, with rest, and the recumbent position. The hemorrhage gradually ceased, but severe pain continued in the left iliac region, extending down the inner side of the thigh of the same side. Bowels constipated, abdomen extremely tender and tympanitic, precluding a satisfactory external examination. Slight chills, and fever of a remittent type followed. The conjunctiva was deeply tinged with bile; and the entire surface of the body presented a peculiar sallow hue. Under an alterative and tonic treatment, all these symptoms yielded readily; and in two weeks, she was about the house overseeing her household duties.

On the first day of June, I was called again, as she had had some flowing during the night, while using the vessel. It having ceased, I made no vaginal examination, but left particular word that should it occur again, to save the fluid for my inspection, so that I might determine its character. I saw her every day or two, until the 8th day of June, as the pain and fever returned as before. These symptoms subsided in a few days under previous treatment. I did not see her again until

the first of July. Several days previous, she experienced much difficulty in voiding urine, and the bowels were obstinately obstructed, which symptoms still continued. I found that the mammary glands had increased in size, and were quite sensitive. The areola was discolored,—papilla prominent. Morning sickness had been present two or three weeks; and the abdomen had gradually enlarged. An examination, par vaginum, detected the cervix uteri high up under the pubic arch, and materially shortened; and the fundus of the organ, I concluded, lay in the hollow of the sacrum. The case now presented to me every indication of pregnancy with retroversion uteri, consequently, I attempted to replace the uterus to its natural position, but was unsuccessful, as the sequel will show. On the 5th and 9th of July, I renewed the effort to replace the organ, but failed. I was now undecided, whether it was a case of pregnancy with retroversion, or extra uterine pregnancy.

I explained fully to her the danger attending in either case; and as she was able to be up, I advised a nourishing, easily digested diet, rest and quietness of mind and body; fully determined if it should be pregnancy with retroversion to interfere at the proper time. The difficulty of voiding urine continued, but the catheter was not required. The bowels were relieved daily by enemas.

I saw the case again on the 2d of August, she having had a sanguineous discharge from the vagina of nearly one pint at once, which produced syncope. Upon enquiry, I found that she had been at work several days, contrary to advice. She said that she had been in usual health, and thought it could do her no harm. Upon examining the fluid, and from all the attendant symptoms and circumstances, I became satisfied the case was one of pregnancy outside of the uterus. The parts and position of tumor were unchanged, although enlarged. The uterus could also be detached in the right iliac region, into which I introduced a sound, which plainly evidenced the fact that the organ had no connection with the tumor, confirming my opinion, that it was really a case of ovarian pregnancy. From the firmness and extent of the adhesion, that I concluded

must exist, and her debilitated condition, I saw no relief, not even from surgery. She remained in about the same condition, when she was again attacked with pain, attended by frequent discharges of a bloody serum., I had frequently requested counsel, but they did not desire it; but now, at my urgent request, two or three physicians were called in, who, after making all proper examinations, pronounced it a case of pregnancy with retroversion uteri, until I introduced the sound and showed them the relative position of the uterus and the tumor.

One of the three only, failed to coincide in the diagnosis; and in an attempt to replace the supposed retroverted organ, (against my urgent request,) the cyst was ruptured, and a large portion of its fluid contents passed into the peritoneal cavity, producing death in a few hours. The case being new to me, and rarely met with by the profession, I solicited and obtained the privilege of making a *post mortem* examination, which I performed ten hours after death.

APPEARANCES:—Decomposition had gone on rapidly, and, of course, the abdomen was largely distended, which, on being opened, was found to contain several pints of fluid, of a sanguineous character, not unlike the discharges previous to death, and evidently a portion of the contents of the cyst. The rupture in the cyst was small, and about the centre of it. The adhesions below, were nearly five inches in diameter, and very firm. The half of the fallopian tube, including the fimbriated extremity, was incorporated in the tumor, and might, possibly, account for the flow from the uterus, before death. The canal in the tube was increased in size. Upon opening the cyst, which seemed to be the membranes of a proper pregnancy, thickened and much firmer; a fœtus of six months with placenta, and nearly a quart of bloody serum and some coagula were discovered. The entire cyst and contents were now removed and examined, presenting all the appearances, in every respect, of a proper uterine development. The fœtus was also far advanced in decomposition, which must have taken place within two weeks, as the symptoms of pregnancy remained prominent up to that time. The uterine walls were much thicker

than in the unimpregnated state, and very flabby. The cavity also much larger, but contained no fluid. The uterus had no attachments to the tumor, except by the left fallopian tube. The ovary of the right side natural and healthy. I concluded that cases of this kind are seldom met with in long years of practice, at least, I deem such to be the fact, for it is my first; and I am quite confident none have occurred in this vicinity in the practice of any other physician in the past fifteen years. I concluded, therefore, to write more fully the history, symptoms, and fatal termination of this case. It gave me much anxiety, and required much study and thought in determining its true character.

Some readers may conclude that a correct diagnosis should have been arrived at much easier; but, if any such there be, who shall be so unfortunate as to meet such a case, they will find it no easy matter; and if the above truthful and unreserved report shall aid any one in forming a correct conclusion in a case so infrequent in its occurrence, I shall be content.

ARTICLE VI.

LIGATION OF THE FEMORAL ARTERY, TWENTY DAYS AFTER BEING WOUNDED.

By R. B. TREAT, M.D., and AMOS S. JONES, M.D., Janesville, Wis.

Reported for the Chicago Medical Examiner.

On the 2d of Jan., 1861, we were requested by Dr. COVERT, of Clinton, Wis., to see with him Alfred Lee of Manchester, Ill. From Dr. COVERT, the attending physician, we obtained the previous history of the case as follows:—

On the 13th of Dec., 1860, while said Lee was standing by a bench cutting pork with a large dirk-pointed knife, with the edge and point inclined obliquely downward and toward him, the point of the knife glanced from the meat, and forcibly struck his leg, over the junction of the femoral and popliteal arteries, inflicting a wound an inch in length and deep enough

to wound the artery. Profuse hemorrhage immediately ensued, causing almost fatal syncope. The coagula, and a compress, and roller, applied by a neighbor, arrested the hemorrhage almost entirely; and after an hour and a-half his consciousness returned, with scarcely perceptible pulse, skin perfectly blanched, and almost total prostration. Dr. COVERT first saw the case nine hours after the accident, and did not deem it advisable to disturb the wound. He directed tonics with a little stimulant, and occasionally an aperient, with easily digested and nourishing diet, and rest and quiet in a recumbent position. On the 19th, he was called in haste to see Lee, by a messenger, who stated that he was bleeding to death. (Lee lived five miles from Dr. COVERT.) A travelling quack, (and we have several in this vicinity, besides resident quacks,) had seen the case, and promised to fix the wound all right with puff-ball, &c. The hemorrhage was again very profuse, occasioned by removing the compress and roller, fussing with the puff-ball, &c., on the part of the quack. He, however, succeeded by puff-ball and pressure in checking the bleeding partially. This time long continued syncope was produced; and it was surprising that he did not die. When Dr COVERT arrived, he applied a firm compress and roller, which controlled the hemorrhage most of the time, and occasionally a little turpentine was poured on the compress. Thus matters passed along several days longer. Dr. COVERT saw the case again on the 22d, and desired counsel; and an old physician from Beloit was obtained. He was informed of all the history of the case to that time; and from it, and the appearance he saw, he decided that no artery was wounded, and advised the continuation of Dr. COVERT'S previous treatment. The case passed along several days longer with occasional hemorrhage, the leg swollen in the region of the wound, the patient unable to move in bed, exhibiting an unusual tenacity to life; iron, quinine, and other tonics, and sometimes stimulants with appropriate diet were given him; but the wounded artery would not heal!

Dr. COVERT, not satisfied that the patient and wound were doing well, desired other counsellors, and sent for us to visit

the case, which we did by the first train. We found the man extremely reduced. He could not communicate above a faint whisper, could not raise his hand in bed, and presented the most cadaverous appearance we ever beheld in a living human being. The leg (right) was edematous, but not very badly swollen, except in the vicinity of the wound. The temperature was much lower than natural, yet did not require the constant application of artificial heat. The pulse was scarcely perceptible at the wrist, and was wirey and quick. The body was very much emaciated. The whole region about the wound, for the space of six inches in every direction from its centre, was perfectly infiltrated and firmly impacted with pus, serum, and coagula, presenting a very disagreeable appearance, and not at all promising in regard to saving life, and much less the limb. He and his friends implored us to save his life and limb, if possible. We told them the chances were strongly against him, and that most probably he would die in the operation, either of ligating the artery or amputating the leg. There seemed to us no doubt but that the femoral artery was either wounded or severed. From the fact of the circulation being so good, under the circumstances, in the leg, below the wound, we judged that if he survived the operation of tying the artery, his leg might possibly be saved.

We decided to ligate the artery just above the wound, so that in case amputation should be required in future, we might have a sound artery to tie, and also, which was of more immediate importance, that the circulation in the leg, below the wound, would be as little as possible interfered with. It was now dark; and we began and completed the operation with the illumination produced by two of the poorest kind of dipped tallow candles:—The patient was moved to the edge of the bed,—leg a little flexed, and held by an assistant; no anesthetics were administered. The artery was compressed over the pubis by assistants, when we proceeded to clear out the wound as much as possible; and removed over a pint of coagula and other matter from the wound and its environs before making any incision. We then made an incision four inches in length, extending from the

wound upward or toward the body, and in depth to the outer edge of the sartorius muscle. Then followed an interesting (?) search for the femoral artery, such an one as we desire not to be obliged to make again. The tissues were so changed by abnormal deposit, destruction, and discoloration, the incision so deep, the oozing so constant, the circulation so feeble, and the light so poor, that in the discovery and ligation of the femoral artery at this point, about two inches above the wound; and, under the existing circumstances, we congratulated ourselves that we had performed one of the most difficult operations of surgery. We had no medical assistant besides Dr. COVERT. The compression of the artery was no light task, and was a poor remedy for numb fingers and thumbs.

But at last success crowned our efforts. The patient complained very little and scarcely moved a muscle during the whole operation, and bore it with fortitude and patience almost superhuman. Very little blood was lost during the operation; and after dressing the wound, and giving him a drink of whisky, he felt extremely well. After giving directions in regard to medicine and diet, we departed for home. We saw no more of our patient until about six weeks afterwards, he came into our office in tolerable health and strength, full of gratitude for our benefactions. We saw him again in two or three months, in perfect health, and looking tough and rugged. There was no lameness or weakness of the leg; and he is alive and sound now, so far as we know. His age was about 27, is a farmer, and was then unmarried.

We give below the principal treatment and condition after the operation, as given by Dr. COVERT:—

January 4th.—Some diarrhœa; pulse very feeble; wound very offensive; sloughing extensive. Gave geranin for diarrhœa. For tonics.—Ferri. mur. tinct., quina., and nourishing diet, with occasionally a stimulant of brandy. The wound was washed with a solution of potas. chlo. and hydrastin, and dressed several times a day, also wet with arnica liniment. This treatment mainly was continued to the time of his recovery.

The ligature came away on the 15th day after the operation.

The wound was healed by the 20th day. Feb. 4th.—Began to use his leg in locomotion. In a week or two after, was walking about with perfect facility. There was very little difference in the appearance of his legs three months afterwards, except the cicatrix.

We have dwelt thus lengthy, and, perhaps, tediously, on the report of this case, because we regarded it a remarkable recovery after such profuse hemorrhage, and the lapse of so long a time from the accident to the ligation of the artery; but all praise is due to the vis medicatrix nature, analeptics, patience, and hope.

JANESVILLE, WIS., *Feb. 26th*, 1863.

ARTICLE VII.

NEW ISINGLASS ADHESIVE-PLASTER.

BY E. ANDREWS, M.D., Professor of Surgery in the Chicago Medical College.

The adhesive-plasters in use, consist, almost exclusively, of two kinds: the emplastrum adhæsivum of the pharmacopœia and the isinglass plaster. The advantages and disadvantages of these articles are the following:—

1st. The emplastrum adhæsivum of the pharmacopœia:—This long used plaster has the merit of being strong and cheap. Its disadvantages are, that the turpentine in its composition is apt to irritate and even blister delicate integuments. If it is kept on hand too long, it becomes dry and will not adhere; and in military practice, if the weather is cold, the impossibility of warming the strips on the field, renders the article worthless. The common idea, that it resists moisture, on account of its resinous composition, is erroneous, as it loosens from the skin with the steady application of water, as entirely as any isinglass.

As an improvement on this old standard article, we have several varieties of isinglass plaster from different manufacturers. These differ somewhat among themselves, but are all essentially

alike in appearance and use. They, apparently, consist of some form of gelatine applied to a thin, delicate slip. The plasters thus made, are thin, transparent, and adhere well. Their advantages are, that they are extremely elegant, on account of their delicate transparency, that they do not change by keeping, that they adhere readily and quickly by simply moistening the surface without requiring heat, and can be as readily removed by application of water again. Moreover, they do not irritate the most delicate skin. These qualities fit them admirably for all the lighter operations of surgery; but for the heavier work, such as extension and counter-extension in fractures of the femur, and strapping in fractures of the clavicle, they are entirely worthless, for the following reasons:—

1st. The material on which the glue is laid is too fragile, and has not strength enough to sustain the tension required.

2d. The articles, as now sold, are in two small pieces. The rolls are about nine inches wide, and purport to be a yard long. but are, generally, by the villany of somebody, found to be short of even that small measure. For adhesive-strap dressing of the clavicle, two strips are required, each two and a-half inches wide and one and a-half yards in length; and for adhesive-strap counter-extension, according to my method, in fractures of the femur, two strips are required, each two yards in length and three inches in width, besides the extension-straps and the belt-strap. No such strips can be cut from the articles now sold, except by piecing them together.

3d. The expense of the article is very heavy. These little miserable patches of plaster, each one less than a-quarter of a square yard in area, are retailed to physicians at the extortionate price of a dollar each. Now, even if it were possible to use them in heavy surgery, the cost would be a serious objection. A quantity sufficient to make a solid adhesive-strap extention and counter-extention on an adult fractured femur, would come to, at least, three dollars.

For these reasons, I have requested several apothecaries to produce a new article, which should have the strength and cheapness of the old plaster, with the advantage of the gelatine surface.

Mr. Dillingham, of State Street, has been kind enough to carry his experiments to a successful issue. He has produced an article of gelatine-plaster laid on linen, which is in large rolls of about the same width as the old emplastrum adhæsivum, and which he sells at the extremely low rate of twenty-five cents a yard, being by far the cheapest and best article in the market for heavy surgical work. This plaster has strength enough for any purpose required, and adheres to the surface with unequalled tenacity. It is also perfectly adapted to the closure of ordinary incised wounds, and to every other purpose that any plaster serves. It combines the following advantages, viz., cheapness, strength, adhesiveness, and freedom from irritation.

As it is not a patent article, and there is no secret about its composition, I trust that our large manufacturers will, by and by, come down from their high stilts and consent to produce for the profession some similar preparation, capable of being used for the work we have to do, and at a price which is less preposterous than what we have heretofore paid.

The Clinique.

MEDICAL WARDS OF THE MERCY HOSPITAL.

DROPSY, AND THE PATHOLOGICAL CONDITIONS THAT GIVE RISE TO IT.

By N. S. DAVIS, M.D., Attending-Physician.

Read before the Chicago Medical Society.

During the recent course of clinical instruction in the Mercy Hospital, a series of cases were presented to the class, which strikingly illustrate both the various pathological conditions giving rise to dropsical effusions, and the differences in the location and progress of such effusions. Excluding hydatids, or cystic dropsy, we may arrange all other cases into three classes, viz.:—1st. Those that arise directly from inflammation;

2d. Those dependent on mechanical obstructions in some part of the vascular system; 3d. Those arising from alterations in the blood.

Of the first class I shall not speak at present, although we have on our list two very interesting cases,—the one of pleurisy, and the other of pericarditis, both accompanied by copious serious effusion.

The second class of cases, includes all such as depend on mere mechanical obstruction, whether from the pressure of tumors, the gravid uterus, ligatures, fibrinous coagula, diseased valves, or enlarged viscera. But those of chief interest, arise from either valvular disease of the heart, or from diseases of the liver and spleen.

Case 1.—Mrs. J., an American woman, aged about 50 years; was admitted into the medical wards of the Mercy Hospital in October, 1862.

She was considerably emaciated; countenance expressive of anxiety, with a slight œdema of the eye-lids; pulse 85 per minute, small, and moderately firm; tongue clean; bowels regular; appetite fair, but digestion imperfect; secretion of urine very scanty, becoming turbid after standing, from an excess of phosphatic salts, but yielded no evidence of containing albumen or sugar. Her respiration was short, and accompanied by a sense of oppression, which was so much increased by the recumbent position, that she maintained the sitting posture all the time, both night and day. The cellular tissues of the lower part of the body, and the whole lower extremities, were greatly distended with œdematous infiltration. A small amount of effusion had also accumulated in the cavity of the peritonium. The œdema of the legs had existed several months; and the over-distended skin on the calves of the legs had become broken, and the serum was escaping in such quantity as to keep the feet and ankles constantly wet.

On making a careful physical examination, no evidence of disease was found in any of the abdominal viscera; but over the cardiac region, there was increased extent of dulness, and a loud, rough, bellows murmur, covering all the space between

the first and second sounds of the heart, showing plainly diseased valves with hypertrophy of the heart. On tracing the history of the patient, it was evident that the cardiac disease, in this case, originated at least ten years previous, from an attack of sub-acute rheumatism. It will be observed that the dropsical effusions, in this case, were most marked in the parts most distant from the heart, and most dependent; and this is true of all cases dependent on mechanical obstruction in the central organ of the circulation.

Case H.—Mrs. C., born in Ireland, the mother of several children; was admitted into the Mercy Hospital in December, 18[illegible]; aged about 38 years.

At the time of admission, she was emaciated; countenance expressive of sadness or despondency; face pale; lips and, indeed, skin generally bloodless, presenting a strongly anemic look; skin cool; pulse soft, and about 90 per minute; respiration shorter and quicker than natural; poor appetite, and food often becoming sour, and sometimes being rejected; bowels irregular, being sometimes costive, and sometimes too free; urine very scanty, and depositing a large amount of phosphatic and lithic acid salts, but containing no albumen. On examining the abdomen, it was found greatly distended by an accumulation of serous fluid in the cavity of the peritoneum, accompanied by a considerable enlargement of the liver and spleen. There was no tenderness or other indications of inflammatory action. For the last few days, the ankles have been also slightly œdematous; aside from which, the dropsical appearances are confined exclusively to the abdomen. There were no signs of disease in the viscera of the thorax or pelvis.

The history of this case showed, that the patient had been attacked with intermittent fever during the past summer, which was somewhat protracted and accompanied by pain in the hypochondriac regions, and much disorder of the digestive organs. Although the intermittent paroxysms ceased, and have not returned during the last three months, yet she did not acquire good health. Her bowels were more or less costive; digestion imperfect and flatulent; muscular weakness; countetenance sallow; and urine scanty and turbid.

About six weeks since, the abdomen began to enlarge, and has steadily increased until attaining its present great distension. In this case, it is evident that the dropsical effusion is chiefly the result of direct mechanical obstruction to the portal circulation, by the enlargement of the liver; and, hence, instead of the dropsical effusion being controlled by distance from the heart and gravitation, as in Case I., it is limited to the cavity containing the distribution of the obstructed bloodvessel; and no mere change of position of the patient produces any change in the location of the effusion.

CASE III.—Mr. W., an American, aged 43 years, was admitted into the Mercy Hospital, Nov. 30th, 1862. He was somewhat addicted to the use of intoxicating drinks, and eight or nine months previous to admission, had been exposed to a thorough wetting and cold, which was followed by some pain in the right side, and slight fever. These symptoms lasted only a few days, but they were followed by indigestion, flatulency, constipation, and general feelings of ill-health, but not sufficient to confine him to his house. About six weeks since, he noticed the commencement of some enlargement of his abdomen, which continued steadily to increase until his admission to the hospital. At that time he was considerably emaciated; his lips pale and thin; his pulse small, tense, and about 100 per minute; skin dry and natural in temperature; appetite variable; bowels inactive; urine very scanty, but destitute of albumen; and his abdomen so much distended with fluid as to impede the descent of the diaphragm, rendering respiration short, and producing much uneasiness from mechanical pressure. No œdema of the extremities, or of any part of the cellular tissue. No solid tumor could be felt in any part of the distended abdomen, but the accumulation of fluid in the peritoneal cavity was so great as to render it difficult to define the lower boundaries of the liver and spleen.

By careful percussion, however, a line of tympanitic or intestinal resonance was found to extend transversely across the right hypochondriac and epigastric regions, quite under the margin of the ribs. This showed that the transverse colon was

crowded upward by the fluid in the peritoneal cavity, and occupied the place usually rendered dull by the lower margin of the liver, when of its natural size. This rendered it very probable that the liver, instead of being enlarged, was contracted, or in a state of cirrhosis. Following the line of the colon to the left side, it became more obscure and deflected downwards, as if crowded in that direction by some pressure from above. This fact, together with uniform dulness and general fulness of the left hypochondriac region, left but little doubt that the spleen was moderately enlarged. The results of a careful physical examination, compared with the history of the case, led us confidently to diagnosticate the case as one of well developed *cirrhosis* of the liver, coincidently, with moderate enlargement of the spleen.

The contracted condition of the liver, greatly interfering with the circulation through the hepatic branches of the vena porte, was, doubtless, the immediate cause of the dropsical effusion. Hence, as in Case II., it takes the form of circumscribed dropsy, limited to the abdominal cavity, and is not influenced by change of position, on the part of the patient, or by gravitation. Finding remedial agents to exert very little influence over the progress of this case, and the patient suffering much from mechanical distension of the abdomen, he was tapped by Prof. HOLLISTER, the attending-surgeon of the hospital, and about three and a-half gallons of limpid serum drawn off. In about three weeks, the effused fluid had re-accumulated to such an extent that tapping was again resorted to, and between three and four gallons of fluid again discharged. At about the same intervals, a third and fourth tapping became necessary. Of course, so rapid and copious a drain of serous fluid from the blood, produced rapid exhaustion of the patient. About one week after the last tapping, symptoms of a low grade of peritoneal inflammation supervened, and the patient died in a few days.

Post mortem.—Twenty-four hours after death, a *post mortem* examination was made. On opening the abdomen, about two gallons of turbid serum escaped. The whole surface of the

peritoneum, both that lining the abdominal walls and covering the intestines, was minutely injected, of a dark red color, and covered in patches with a white and partially organized membranous exudation, which possessed so little tenacity, however, that it is hardly proper to say it constituted a bond of adhesion. The spleen was found nearly double its natural size and weight, color nearly natural, and texture firm. The liver was found firmly adherent, at several points, to the ribs and parts surrounding it, as the result of former inflammation. Its color was a shade lighter than natural, and its size diminished nearly one-half. Its entire surface presented a knotted or lobulated appearance, well represented by the section of the central portion of the right lobe, which is here presented for examination. The color has faded by masceration; but the contraction of the lobules, and the "hob-nail" appearance is strongly exhibited. The texture of the organ was firm; and the gall-bladder moderately filled with bile. All other important organs were in a healthy condition. Here we have a well-marked case of cirrhosis, or contraction of the liver leading to the same results, so far as the dropsical effusion is concerned, as in Case II which, the same organ had undergone great enlargement. two cases, though directly opposite in several respects, ye sented in common, the one pathological condition wh the immediate cause of the dropsy, namely, mechanical o tion in the hepatic branches of the portal vein.

The third-class of cases of dropsy, which arise from alteration in the proportion of the constituents of the blood, we shall illustrate by only one case in detail:—

Case IV.—Mr. M., native of Ireland, was admitted into the Mercy Hospital in January, 1863. He was, naturally, a large, muscular man, accustomed to physical labor. He stated that his health and strength had been failing several months, accompanied by indigestion, constipation, mental despondency, dull pains in the loins, and weakness of the lower extremities. He had been somewhat addicted to the use of alcoholic drinks. About three weeks before he came to the hospital, he began to exhibit a bloated aspect generally; but the swelling was most

marked in the feet and legs, after being up through the day. This swelling, or general œdema, rapidly increased, until he was obliged to take to his bed. On admission to the hospital, his skin was dark, approaching a bronzed hue; surface cool; pulse small, and 95 per minute; mental faculties, apparently, dull; bowels costive; and the whole exterior surface much bloated from œdematous infiltration; but the swelling was much more marked in the parts most dependent.

This was illustrated, not only by the position of the extremities, but the left side of the trunk of the body, on which he had been lying several hours: would pit, on the application of pressure, to the depth of half an inch, while on the opposite side, the pitting would be comparatively slight. There was also a small amount of effusion into the cavity of the abdomen, but none in the chest. The amount of urine secreted was much less than natural, but containing so much albumen, that, on the application of heat or nitric acid, the white flaculent precipitate rendered the whole mass thick in the test-tube. The past history of this case,—the present symptoms, and the condition of the urine,—render it quite certain that the patient has granular disease, or degeneration of the kidneys, frequently called: "Bright's disease." A fair specimen of that form of disease is presented by this kidney, which I have brought for the examination of the Society. In such cases as this, the large amount of albumen constantly being excreted through the kidneys, soon reduces the relative proportion of albumen in the whole mass of the blood, thereby, rendering it much less viscid than natural. When this process of lessening the viscidity of the blood is carried beyond a given point, the relation between it and the capillary vessels is so changed that the physical law of exosseous predominates, and effusion or infiltration of the watery element of the blood necessarily takes place. If, at the same time that the albumen is escaping through the kidneys, the amount of water eliminated through both the kidneys and cutaneous surface is greatly diminished below the natural standard, the relative proportion of the constituents of the blood is so rapidly altered that dropsical symptoms may be developed in twenty-

four or thirty-six hours; as we see following sudden congestions of the secreting structure of the kidneys from exposure to cold and wet, and during the convalescence from eruptive fevers. But the viscidity or density of the blood may be as much diminished by a loss of red corpuscles as by the escape of albumen. Hence, excessive hemorrhages, suppressed menstruation, diseases of the spleen, and the influence of malaria, are all capable of, so far, diminishing the proportion of red corpuscles, as to develop general dropsical effusions.

Thus far, we have directed attention to the essential pathological conditions producing dropsy, either by obstructing the natural flow of the blood, or by changing the relative proportion of its constituents; but in a therapeutic aspect, it is almost equally important, that we appreciate correctly the condition of the vital properties of the solid textures. Diminution of vital affinity,—that property by which the organic atoms of the various tissues are held in proper proximity and relationship with each other,—necessarily diminishes the tonicity and contractility of all the muscular, vascular, and secretory structures; and, hence, not only retards secretion and capillary action, but directly favors permeation of tissues or dropsical effusions. The presence of this pathological condition of the solids in many cases of dropsy, led the older writers to divide all dropsical effections into two classes, viz.: sthenic and asthenic, or active and passive; and though subsequent pathological investigations have rendered the ancient classification obsolete, they have by no means diminished the necessity of appreciating the general condition of the vital properties as carefully as the more local lesions, if we would direct the treatment with the highest degree of success. This was well illustrated in the treatment of the second case, already related. The dropsical effusions being regarded as dependent on the enlargements of the liver and spleen, coupled with considerable impoverishment of the blood; she was treated, for three weeks, by mercurial alteratives, iodine preparations, diureties, and quinine, with very little benefit; indeed, these remedies entirely failed, either to increase the secretion of the skin and kidneys, or to materially reduce

the visceral enlargements. Suspecting the difficulty to arise from loss of tonicity, or, more properly, vital affinity and contractility in the capillary and secretory structures, we directed her to be put upon the use of strychnine and citrate of iron, in doses of one-sixteenth of a-grain of the first with three grains of the last, four times a-day. Very little change was observable during the first three or four days; but by the middle of the second week, after commencing this treatment, it was found that the patient was urinating freely, the dropsical appearances were much diminished, and her strength improved. The same treatment was continued; and in four weeks the patient had entirely recovered,—there remaining neither dropsical effusions nor visceral enlargements.

The important practical inferences to be drawn from the foregoing cases and observations are: 1st. That dropsy is, in a pathological sense, not a disease but a symptom directly dependent on either inflammation, mechanical obstruction of blood-vessels, or altered composition of the blood. 2d. That the two latter conditions may arise from a great variety of primary pathological changes, both local and general. 3d. That all rational treatment of dropsical symptoms must depend on a clear appreciation of the primary pathological changes from which they have originated, compared with the general condition of the vital properties or forces.

We might illustrate these positions by a great variety of clinical cases and facts, but the details would doubtless, be tedious to the Society.

A NEW SOLID BANDAGE has been recently contrived by Dr. Hamon. The material is gelatine, or common glue, to which, after being dissolved in water, a portion of alcohol is added. The limb is then padded, in parts where considered desirable, and a bandage applied. This bandage is then brushed over with the solution, and allowed to dry; the process being repeated until sufficient thickness is obtained. If then cut open at the side, a stiff but sufficiently elastic sheath is formed, which fits the limb, and can be removed and replaced at pleasure.—*Brit. Med. Jour.*

Selections.

CAMP FEVER, ALIAS SCORBUTIC FEVER.

By ALEX. McBRIDE, M.D.

I do not propose in this article to give the entire pathology and therapy of camp fever; to do so would require more experience and ability than I have attained to. But as the subject is chiefly important in army practice, and as I have not yet seen any treatise upon it, giving its peculiarities, I think those having had experience with it should promulgate what they know about it, so that such knowledge may be useful while the war lasts, for it is a disease which we will see but little of in civil practice.

Camp Fever.—By this designation, I mean a febrile disease which is met with in those persons who have for some weeks or months lived upon the diet and been exposed to the vicissitudes of army life; a fever which in some respects resembles the typhoid fever of Louis, Zenner, Watson and others, the ENTERIC fever of Wood; and which has been so well described by these authors. Tenderness of the abdomen, with tympanitis, and a dry brown tongue, with febrile reaction, and a peculiar diarrhœa, are the group of symptoms, which, with the rose-colored spots, are diagnostic of enteric or typhoid fever.

Camp fever is frequently ushered in with slight chills, frequently repeated for several days, the pulse, generally at least, accelerated from the first. The diarrhœa is full as constant an attendant as in typhoid fever, but tympanitis is neither constant nor frequent. Abdominal tenderness is not so constant as in enteric fever. The tongue is more often large and broad than otherwise, and *always fissured from the first.* The fissures are both *transverse* and *longitudinal* generally, and when the tongue is moist, as it is sometimes, or when it is artificially moistened, the margins of the fissures or cracks have a macerated look, as if penciled with milk and water. This is a very common and peculiar appearance in the advanced stage of the disease. *The fissures are plainly to be seen throughout the whole course of the disease.* It is the first sign of the disease and the last one; it is seen before the patient gives up that he is sick, and it is still to be seen when he is convalescent. These fissures are frequently to be seen in out-door patients who never take to

bed with the disease. The cracks of the tongue in enteric fever seem to be dependent on dryness, and are little or not at all perceptible when the tongue is not dry, and disappear entirely as the disease declines.

I have said the fever is frequently ushered in by repeated slight chills. I think this is generally so, but it is difficult to say always how it does begin; for many, if not most cases, have fever tolerably well established when we first see them, especially in the hospitals; but, after having seen the sick soldier in nearly every imaginable condition of camp and field service, I am of the opinion that the inception of what may with propriety be called camp fever is attended with chills. The attending headache is similar to that of enteric fever, but less violent. The urine is diminished in quantity and heightened in density and color, and when the diminution is great there is delirium. This is a circumstance worthy of note. The delirium then would seem to arise from uræmic poisoning, and not from inflammation of intestinal glands, of which there appears to be little or no evidence. The patient generally has appetite for food through the whole course of the fever, and especially for vegetable and acidifying food, and for sour drinks; he not only has appetite, but the food is well borne when prudently prepared and administered. An old physician of much experience in treating fever said, soon after commencing duties in a military hospital, "I never saw men with fever eat so. They eat more like wood-choppers than like sick men." For this reason the semi-liquid stools are copious, and contain the detritus of food as in common diarrhœa.

Now in enteric fever, the patient frequently has some relish for certain kinds of food, from the first, and I believe generally after the first week, but his appetite for it is not strong, neither can he bear much quantity. The kinds best relished and best borne, according to my experience, are *liquid forms of azotized food*, the opposite of that relished and borne in camp fever. But these relishings are probably variable in enteric fever, according to the previous habits or diet of the patient.

In camp fever proper, we do not find the rose-colored spots as in the enteric, but toward the fatal termination we frequently see petechiæ, or what is more like ecchymosis or purpura, and this to a large extent on the trunk and extremities. Alvine evacuations; these are fæcal, more or less mixed with detritus of undigested food; semi-liquid; color not peculiar; odor not peculiar, and this is the case through the whole course of the disease. The quantity is considerable, evidently in consequence

of the amount of food taken. This is in striking contrast with the fætid pea-soupy character of the stools of enteric fever, to say nothing of the purulent and briny quality in the ulcerative stage of that disease. The pulse differs in no peculiar respect from that of enteric fever, though I am of the opinion that it is more uniformly soft and somewhat more dull. Latent pneumonia and congestion of the lungs recur probably with nearly the same frequency as in enteric fever. Boils, bed-sores, and cold abscesses also occur. The hair falls out with nearly the same constancy. The termination of this fever in restoration or death depends very much upon the opportunity that may be enjoyed for proper regimen. The febrile type is atonic or typhoid from the beginning, the disease assuming in the advanced stage a very depraved aspect; the patient becoming much emaciated with involuntary evacuations; but although there is a partial stupor, unconsciousness is not complete, the stupidity or inanity resulting not from direct disease or derangement of the nervous centres, but from *lack of animation.*

I am aware that some other febrile disorders occurring in the army are frequently called camp fever. There occurs in the army as much variety of febrile disease as in civil practice, and these occur from the same causes. We meet with every form of inflammatory fever: intermittent, remittent, and bilious fever, also typhoid, and, for aught I know, typhus. I have seen a few cases that resembled typhus more nearly than anything else. They were not enteric, neither did they present the scorbutic character, but were continued fevers of decidedly typhus type. Then we meet with a fever which in the beginning resembles typhoid, except that there is neither tympanitis nor diarrhœa. This fever of continued type will run through a course of two to four weeks without any decided characteristic symptoms, with perhaps an eruption of sudamina, which seem to indicate nothing but abundant warmth and moisture. Similar anomalous fevers are met with in civil practice, and excite no great curiosity.

While among the mountains of Eastern Kentucky, the men were frequently attacked with what we got into the habit of calling mountain ague. It consisted of a seizure, at no very regular intervals, of chills, followed by headache and slight fever without any sweat. Whether this kind of attack was peculiar to that region or whether it is peculiar to an army on a march in a mountainous country, I have not learned. I suppose it was a proper ague. All these fevers are liable to a greater variety of complications than the same diseases met with in

civil practice. There is nothing in these fevers or febrile diseases that stamps them as peculiar to the army or camp,—therefore, they should not be embraced within the name of camp fevers. There is no doubt in my mind that the elements of camp fever may combine with the elements of enteric fever and perhaps with other fevers and other diseases, thus producing an extensive variety of effect. It is not in accordance with the plan of this article to offer speculations upon the varieties, especially as I am not positive of their existence.

It would be too much to claim or expect that I should be correct in all the foregoing statements and suggestions with regard to a subject new to the profession at large, and upon which the most favored have but a poor opportuuity to carry out full and complete observations. The most that I expected to accomplish is to set forth distinctly an imperfect model *sui generis*, and hitherto not well distinguished from other continued fevers.

Now, to give in a clear light the diagnostic differences between camp fever and typhoid or enteric fever, I present the following tabular arrangements of those signs and symptoms which are peculiar to each, some of which are available for diagnosis early in the respective diseases.

DIFFERENTIAL SIGNS AND SYMPTOMS.

CAMP FEVER.	ENTERIC OR TYPHOID FEVER.
Abdomen soft, with little or no tenderness.	Abdomen tympanitic, with tenderness more or less intense.
Tongue generally large; frequently flabby and pale.	Tongue generally small, and red where not coated.
Tongue fissured always; fissures peculiar and continued through the entire course of disease; not dependent on dryness.	Tongue cracked when dry, but fissures not persistent; disappearing when the tongue becomes moist.
Appetite generally good, and solid food well borne in considerable quantity, but digestion imperfect.	Appetite slight, and food not borne except in small quantity of liquid form; digestion perfect when too much not taken.
No characteristic eruption during any stage of the disease.	Characteristic rose-colored eruption, usually in second or third week.
Delirium caused apparently by uremic poisoning.	Delirium caused apparently by enteric inflammation and the general action of fever on sensorial system.
Alvine evacuations large and not characteristic.	Evacuations small and characteristic.

Pathology and Cause.—I shall venture nothing positive upon the pathology of camp fever, as I have had almost no opportu-

nity for dissections, for the reasons that there has always been a lack of a proper room at those hospitals where I have had the honor to labor,—these buildings having been constructed in the hurry of military preparation; also there was generally lack of time to make proper investigation; also having regard for the moral effect upon the sick and other soldiers in hospital. These difficulties will be understood by every volunteer army surgeon.

Judging from the appearance of the evacuations, the general absence of tympanitis and tenderness, and the absence of delirium except that obviously caused by uræmic poisoning which sometimes occurs, I am of the opinion that inflammation of the intestinal glands does not belong to this disease. An excited or irritated condition of the mucous membrane of the alimentary canal, caused by the constant passage, in large quantities, of undigested food, and also by the influx of humors and congestion, caused by long continued exposure to cold and damp, is in my opinion the chief pathological condition which, with the scorbutic diathesis, causes this fever. Imperfect digestion and consequent imperfect absorption and assimilation, cause depravity of the fluids and solids of the body. Then, to state the case in brief, the causes of the fever are: Large quantities of azotized food, imperfectly prepared; privation of antiscorbutic food, long continued exposure to low temperature and damp air, the widest possible range of mental and moral excitement and depression. These are the causes which, combined and continued from a few weeks to a few months, produce the peculiar fever. As might be supposed, *a fortiori*, the fever is of vastly more frequent occurrence in new recruits than in old soldiers.

Chemistry does not clearly show us the chemical office of certain kinds of food—the alkalies, the vegetable acids and the acidifying fruits and vegetables; but experience proves their necessity, hence we may call them catalytics. They are necessary to digestion and assimilation, and camp fever arising when these kinds of food are deficient, and never when abundant, hence I conclude that the remote cause of camp fever is lack of catalytic food, with for its development the ordinary causes of diarrhœa superadded. I shall offer no further speculations upon the causes and nature of this disease, but will suggest that, in contradistinction to other fevers which occur in camp, as well as elsewhere, it might with propriety be called *scorbutic fever*.

The camp diarrhœa proceeds, in very many cases, from the same combination of causes,—I mean that diarrhœa which soldiers frequently have without "coming down sick," to use a homely phrase. These cases should be regarded as allied to

camp or scorbutic fever, especially those cases having fissured tongues. Cases not presenting any peculiarity of tongue I do not regard as of the same class, and they are curable by ordinary means. I can not let this opportunity pass without speaking of the peculiarity of the tongue presented by many soldiers who have been for some months in the army and undergone the seasoning. The tongue has a cicatrized or *semi-lobulated* appearance on the dorsum, precisely as if many large wounds or sulci had cicatrized. How long this appearance lasts I do not know, neither do I know whether all these cases have had camp fever partially or fully; but from what I have seen in those cases where I knew they had suffered from that disease more or less, I conclude this appearance results from the fissuring caused by that disease.

Treatment.—Upon this part of the subject I shall be brief, and set up no claim for dictation, but present a summary of what has been my method. Control the diarrhœa from the beginning through the whole course with opiates, of which class the gum, powder and tincture are the best. The pulv. Doveri has not enough of stimulating quality for so atonic a disease. Tannic acid or ferri persulphas, or tinctura ferri chloridi are necessary and excellent remedies, combined with the opiate in cases where the evacuations are very liquid and copious. When the bowels require unloading, as will sometimes be the case, order thus: ℞. Ol. ricini, fℨ., iv. *vel* fℨ. j; tinct. opii, M. xx. *vel.* xxx. Mix. To be taken at once.

This dose will seldom fail to procure free evacuation in a few hours, and no more active purgation will ever be necessary. Let the opium be continued as a stimulant and anodyne means in dose of about gr. ss. every three to four hours, leaving off the astringent when not indicated. The tinct. ferri, however, may be used sometimes to advantage without reference to any astringent effect.

I have sometimes given in the onset of the disease, where there was little or no diarrhœa: ℞. Quina sulph., Pulv. camphor, aa grains iv., and sometimes one-quarter of a grain of sulphate of morphia added to this. This dose has sometimes appeared to have a very happy effect to mitigate the disease. It appears to generalize the circulation and thereby mitigate the fever and diarrhœa; but this dose will produce no marked salutary effect after the disease is established fully.

Spirits mindereri, with the acid in excess in the dose fℨ. ss. to j., taken in conjunction or alternation with the opiate, is a most excellent remedy to promote moisture of the mouth and

skin. It abates the thirst, and in my opinion facilitates the urinary secretion. . I suppose almost any physician who had treated typhoid enteric fever would expect in the disease in question to effect moisture of the dry tongue by the exhibition of turpentine emulsion, but in this he would be disappointed. With this medicine the tongue will become more dry and the case will not improve, and this fact seems to mark a difference in the pathology of this from enteric fever. Wood says in his excellent treatise on enteric fever (vide *Wood's Practice of Medicine*, vol. i., p. 357) : "I can not too strongly impress upon the profession my convictions of the importance of this medicine" (turpentine). "It may be employed in all cases in the advanced stages of this disease when the tongue is dry. But there is a particular condition, in which I have very often employed it, and hitherto have seldom known it fail." Then he further goes on in clear and forcible terms to show that this "condition" is that of ulceration. This part of Wood's treatise is all important to those who would successfully treat enteric fever, and my experience has shown to me that it is important to make the distinction in treating camp fever. This fact, in default of other evidence, would seem to indicate that the pathology of the two fevers is different.

The partial suppression of urine, which is perhaps the most fatal incident of this disease, does not seem to me to be an indication for turpentine, even though the mouth is parched at the same time. In this state of the case acetate of potassa is a good remedy, and a very convenient form in the camp is: ℞. Bicarb. potass., ℈j.; common vinegar, water, aa fl℥ ss. M. Take effervescing. Repeat every three to four hours. Nitrous ether also may be given to advantage. In these cases the patient is delirious, and the prognosis should be unfavorable. In this feature of the disease, as in the disease generally, vegetable acid drinks should be freely given, of which vinegar and water is as good as any, and very grateful to the patient.

Mercury as a remedy in this disease requires no further mention than that of condemnation. It has no place in the treatment.

Epispastics should be used to fulfil indications as in other diseases. In the congestion and inflammation of the lungs, which sometimes complicate this disease, *blistering ought not to be omitted*, and it should be repeated as often as indicated. Blistering for the delirium of uræmic poison is of doubtful efficacy. If applied at all, I think it should be on the lower parts of the trunk or to the thighs, with the view of re-establishing the renal secretion.

I shall add nothing further on the medical treatment of this disease. Its various complications and phases are to be managed on rational principles, keeping the peculiarity of the disease in view. Regimen is everything in this disease; I mean that proper regimen is paramount to everything else. Cleanliness, quiet, and proper warmth, with free ventilation, demand the physician's first care. The food should consist of well prepared common food, with a considerable preponderance of the antiscorbutic vegetables. I have seen patients who were quite low with this disease, eat boiled potatoes and carefully and finely cut cold slaw. They ate such food with a relish and to advantage. Cabbage soup, potatoe soup, boiled turnip with butter, milk sweet or sour, according to taste, etc., etc.; and the patient's appetite, which is generally pretty good, should be indulged to a considerable extent. Acid drinks are important, and ought not to be neglected. Hard cider and native wine properly diluted are perhaps the best, but in field practice these can seldom be had in sufficient quantity; but fortunately the commissariat generally supplies abundance of vinegar, and I am of the opinion, after considerable experience in its use, that it is as good, if not better than any other vegetable acid. Let it be drank freely by all the patients who relish it, and this will be nearly all, diluted with eight to ten parts of water to one of vinegar; and this can be varied by sometimes adding a little sugar, and sometimes to this again a little whiskey. Citric and tartaric acids can also be used for variety, and when these are scarce, cream of tartar can be substituted. The jellies and sour fruits now so much in vogue, and so munificently furnished by the various sanitary societies, are valuable in the nourishing of these patients.

I am very much of the opinion that a regimen similar to the above, diligently and carefully pursued from the onset, would alone be sufficient for the recovery of most cases of scorbutic or camp fever.

If in the foregoing rude attempt to briefly portray camp fever as my experience has impressed it upon my mind, I have shed some light, and will aid thereby in calling out other facts upon the subject, the reader's time will not have been lost nor will my labor have been in vain.—*Lancet and Observer.*

American Medical Monthly.—It is announced in the December number of this journal that its publication will be suspended.—*Medical News and Library.*

CAUSES OF THE DECAY OF THE TEETH.

The frequency with which teeth decay and are lost, and the intimate relation existing between the condition of these organs and the general health, should render a knowledge of the causes of this decay a matter of deep interest to every individual. None are exempt from it, and few indeed seem to escape its ravages.

Many theories were formerly advanced to account for *caries** of the teeth; but only until within the last fifty years have the real causes been understood. To enable the reader better to understand this subject, we will, so far as is necessary for our present purpose, and in as few words as possible, describe the general structure of the teeth, and the agents that operate to produce their decay.

DENTINE. The inner portion of the hard structure of a tooth is called dentine,—tooth-bone—a substance containing more lime, and much harder than the other bones of the body. It is composed of about 72 parts mineral matter (69 of which are lime), to 28 parts animal matter. These proportions vary somewhat in different individuals, and like all the other bony structures, grow harder by an increase of mineral, and corresponding decrease of animal matter, as the individual grows older.

ENAMEL. As a tooth stands in the mouth, the enamel is the only portion of it exposed to view. It serves to cover and protect the *dentine*. It is composed of 99 parts mineral, (94 of which are lime), to 1 part animal matter, and is the hardest of all structures in the animal economy.

With this statement of the composition of the teeth, the reader will more readily appreciate the correctness of the conclusion, when we say that all good dentists, and writers upon this subject, now consider caries of the teeth to be the result of external corrosive agents, acting upon and dissolving, or *eating out*, the earthy portion of their structure.

These agents consist mainly of *acids*, taken into the mouth as medicinal agents, or for pleasure—or originating in a vitiated state of the secretions of the mouth, resulting from an impaired condition of the general health—or from the decomposition of particles of food lodged between and around the teeth.

Such being the cause of decay, the means necessary to be used to prevent it, are apparent. If the *secretions* of the mouth are *vitiated*, this condition should be corrected by proper medical treatment of the general health. The administration of

* Decay.

medicinal agents containing acids, should, if possible, be followed by a cleansing of the teeth, and rinsing of the mouth with a properly prepared alkaline solution. But the great and almost universal cause of the decay of teeth is, *want of cleanliness.* The teeth should be kept clean—*absolutely clean*—as a preventive of their decay and loss, and of large bills with the dentist.

We do not mean to say that attention to these matters will in all cases secure exemption from decay. For, as people must eat and drink, and in seasons of sickness or disability, take substances into their mouths injurious to their teeth, and as some have defective or imperfectly organized teeth, it would be impossible in every case to prevent, entirely, decay at certain vulnerable points. Still, it is true, that a prompt and careful attention to cleansing the teeth after each meal, or as often as anything deleterious is taken into the mouth, would go far, in most cases, to secure freedom from decay, and indemnity against their loss.

We shall endeavor hereafter to point out to our readers the means necessary to be used to keep the teeth clean, and also why it is that some teeth are more liable to decay than others. A. —*People's Dental Journal.*

Book Notices.

Clinical Lectures on Diseases of Women. By J. Y. Simpson, M.D., F.R.S.E., Professor of Midwifery in the University of Edinburgh, etc. Illustrated with 102 Engravings on Wood. Lea & Blanchard. Price $3. For Sale by W. B. Keen, Chicago.

This is a collection of lectures originally published in the *London Medical Times and Gazette*, during the years 1859, 1860, and 1861; and first reprinted by Lea & Blanchard in *The Medical News and Library*, in the same style that they published in the same journal *West's Lectures on Diseases of Females*, *Todd on Acute Diseases*, and other works. This is a fair octvao of 510 pages, very lightly bound in cloth. The wood-cuts are unequal,—some being very good, and some not worthy of the high character of the work. As a contribution to the pages of a monthly journal, or illustrations of a brochure, (which word seems to be accepted in English as meaning a little

more than a "stitched pamphlet,") they were well enough. When transferred to a book of the claims of this one, they might well have been improved; however, in these days of high prices, the book will be acceptable for containing more than the money's worth.

It is needless to say anything to the professional reader of the character of Dr. SIMPSON as an observer in medicine, or as an author. In both respects, he is well known to hold the very front rank in the profession. In this volume, he sustains his former reputation. The style is singularly attractive, while it is wholly devoid of ornament, or anything else than the direct and simple discussion of the topics considered.

It is a singular fact, that in a style of such real excellence and perspicuity too, we should find the term "sedative" used as synonymous with "anodyne."

Professor SIMPSON seems to have felt somewhat forcibly the fact: that many surgeons are disposed to claim that their department of the profession has obtained the highest advancement and perfection, "forgetting that it is the mere handicraft part of it that has been brought to this boasted degree of development." To meet this assumption, he quotes from Dr. GREGORY a rejoinder to that assumption, premising that at the time Dr. GREGORY spoke, there were in Edinburgh two surgeons, rivals, and both authors of large treatises on surgery, named Mr. BENJAMIN BELL and Mr. JOHN BELL:—

"Within my memory, a new mode of cutting off legs was introduced, (or an old one revived,) and strongly recommended by an eminent surgeon, Mr. ALANSON. It was called the flap operation, or cutting with flaps. I remember to have heard some disputes about it; for, as there were flappers, of course there must have been anti-flappers; and as the dispute began little more than twenty years ago, far from being ended as yet, it can scarce be arrived at full maturity and violence. Mr. BENJAMIN BELL must either be a flapper or an anti-flapper; and I humbly conjecture, (for I do not know the fact,) that if he is a flapper, Mr. JOHN BELL will be a determined anti-flapper; but that if BENJAMIN is a anti-flapper, JOHN will be a most

strenuous flapper; but flap or no flap, he certainly may take his choice of several ways of cutting off a leg.

Professor SIMPSON proceeds to remark that the controversy yet goes on now, (some thirty years later;) and the surgeons forget to ask themselves: "why it is that so many of their patients die after every possible form and fashion of dismemberment, and how this mortality may possibly be met and diminished?"

We think that this charge will not lie against American surgeons; but there is a tendency in the war to magnify surgery, somewhat at the expense of the study of the Principles of Medicine, upon which, both departments of our profession depend for their highest success. Whilst the war certainly creates a necessity for a large amount of surgery, the art is far secondary, even in the military service, to practical medicine; and, while it is certainly right, that the opening of this somewhat wider field for surgery, should give a new impulse to the study of surgical anatomy and operative surgery, a still greater attention ought to be given to medical science; and we trust that the practical good sense of our army will secure this result.

THE PRINCIPLES AND PRACTICE OF OBSTETRICS. BY GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics, &c., University of New York. *Third edition.*

In four months after the first edition of the above book, the author was called upon for the second, and now, thirteen months from the first edition, is issued the third. No more significant expression of approbation from the profession could be desired and, certainly, more reasonably expected than these facts. The author who can issue the third edition in this length of time, as the result of a demand for his book, is fortunate. The cause of this unprecedented sale of Dr. BEDFORD'S obsterics is sufficiently obvious to any person who will examine the work. It is a plain, exact, practical replete system of midwifery, brought up to the present times. While it is full, in extent and practical detail, it is not encumbered with unnecessary disquisitions and verbiage. This makes it a good book for students, an ex-

cellent work for busy practitioners, and a faithful record or mark by which the historian of obstetric medicine may be guided in his estimation of its advance and status at the present day. "Of making books there is no end," is, perhaps, more true now than it ever was before, but the art of book-making is not any better understood than in former times. Men's judgment as to the merits of books, however, is becoming better all the time, hence, the literary and scientific lumber that lies in mouldering heaps in libraries, libraries without blot or soil, while there are so few well-thumbed and use-worn volumes. Among the latter, will stand, for many years, this practical work of Dr. BEDFORD. There is now no book in print on the subject of obstetrics, that we can recommend before BEDFORD'S; and we earnestly hope that the author may long live to keep it posted up to the times, as the science advances.

Editorial.

MEDICAL DEPARTMENT OF LIND UNIVERSITY.

The delay in issuing the *Examiner* enables us to notice, briefly, the closing exercises of the fourth annual course of instruction in this Institution. The public commencement was held on the evening of the first Tuesday in March, 1863, in the hall of the College. The room was well filled. The President of the Faculty, Prof. H. A. JOHNSON, conferred the degree of M.D. upon seventeen members of the class, and gave them a short, but eloquent and impressive charge in relation to their duties and responsibilities. The exercises were closed with an interesting valedictory address, which will be found in the present number of the *Examiner*.

At the close of the public exercises, the graduates, students, and alumni of the College, together with the members of the Chicago Medical Society, repaired to the residence of Prof. N. S. DAVIS, where an elegant social entertainment was enjoyed until a late hour.

The number of matriculants during the past term was 81, and the number of graduates 17.

The next collegiate year commences, with a regular clinical and reading term, on the *first* Monday in April, and continues until the first Monday in August. During this period, the class in attendance will have a regular clinical lecture in the medical wards of the Mercy Hospital every Monday, Tuesday, and Thursday mornings, at 9 o'clock, by Prof. N. S. DAVIS; a surgical clinic in the surgical wards of the Mercy Hospital every Friday morning, and another at the College Dispensary every Wednesday afternoon, by Prof. E. ANDREWS; a medical clinic at the College Dispensary every Tuesday afternoon, by Prof. H. WING; and a clinic on diseases of women and children at the same place every Saturday afternoon, by Prof. W. H. BYFORD. Besides these ample clinical advantages, the course embraces one examination and familiar explanatory lecture on some one of the branches of medical study every day. This well-arranged clinical and reading term, added to the full annual lecture term of five months, and the systematic arrangement of the field of study into junior and senior branches, makes up a system of collegiate instruction, in all the departments, equal to that of the best schools, either in this country or Europe.

ILLINOIS STATE MEDICAL SOCIETY.

We trust that none of our readers will forget that the regular Annual Meeting of the State Society is to be held in Jacksonville, on the first Tuesday in May. So many of the members are in the Army, that it becomes more necessary for those who remain at home to be punctual in maintaining all our social and professional organizations.

Let none stay away through fear that the meeting will be a failure, for it will certainly be held, and will be attended by a sufficient number of members to render it pleasant and profitable. The opportunity to visit the State Institutions for the Insane, Deaf and Dumb, and Blind, will also add much to the interest of the occasion. We expect to meet a good representation from all parts of the state.

CHICAGO MEDICAL SOCIETY.

At the regular Annual Meeting of the Chicago Medical Society, held April 3d, 1863, the following officers were chosen for the ensuing year:—

For President.—GERHARD PAOLI, M.D.

Vice-President.—M. O. HEYDOCK, M.D.

Secretary and Treasurer.—E. L. HOLMES, M.D.

Delegates to the Illinois State Medical Society.—Drs. E. L. HOLMES, D. D. WAITE, ORREN SMITH, and HIRAM WANZER.

Delegates to the American Medical Association.—Drs. IRA HATCH, A. FISHER, G. PAOLI, and J. M. TUCKER.

Sanitary Committee.—A. FISHER, E. L. HOLMES, and HIRAM WANZER.

During the past year, the Society has maintained an active and prosperous existence,—profitable to its members and honorable to the profession.

AMERICAN MEDICAL ASSOCIATION.—We are happy to assure our readers, that the call for a Meeting of the Association, on the first Tuesday in June, is cordially endorsed by the Medical Journals, and the Profession, in all parts of the country. The letters we receive, and the reports of the appointment of Delegates from various sections, indicate a full and profitable meeting. We hope the Profession in our own State, and throughout the North-West, will take prompt measures to ensure a full representation.

Let the local societies, whether city, county, or district, whose meetings may have been neglected, during the two preceding years of national excitement, be immediately called together, and Delegates appointed who will be sure to attend the Great Annual gathering of our brethren. In counties or districts, in which no social organizations exist, let the practitioner procure a letter of recommendation from some permanent member of the National Association, and present himself at the meeting, and he will be admitted as a member by invitation. Hence there is no excuse for any to remain at home. We would also urge those who are on Committees, either standing or special,

to make ready their reports, and if any have voluntary papers or communications to present, let them place a copy in the hands of the Committee of Arrangements early, that they may be refered to the proper sections in time for fair consideration. Let no one, outside of Chicago, imagine that the course taken by the *Chicago Medical Journal*, and its senior editor, Professor D. BRAINARD, in opposing the meeting of the Association, indicates any division of sentiment or action in the Profession here, or that it represents the wishes or feelings of any one here but himself. On the contrary, the Profession here are united, and earnestly preparing to give their brethren as cordial and pleasant a reception as they have met with in any other city in our country. Our hotels are of the best character, and amply sufficient to accommodate half a dozen "Canal Conventions" and Medical Associations at the same time. We have full confidence that the coming annual meeting will be well attended; that its members will transact the legitimate business of the Association with dignity, harmony, and profit; that they will revive and extend past associations and friendships, and by their liberality of sentiment, and their strict adherence to the proper objects of the Association, they will set an example worthy of imitation by all other conventional organizations, whether religious, political, or scientific.

THE NEW YORK OPHTHALMIC SCHOOL AND HOSPITAL held its Eleventh Anniversary on the 24th inst., in the University Medical College in Fourteenth Street, before a large and highly intelligent audience. The exercises of the evening were introduced with prayer by the Rev. EDWARD THOMSON, M.D., Editor of *The Christian Advocate and Journal.* After some introductory remarks by the President, SOLOMON JENNER, Esq., the names of the graduating class were read by Dr. MARK STEPHENSON, lecturer on anatomy, pathology, and treatment of diseases of the eye, who remarked to the President: that these young gentlemen were students from the different medical colleges in this city, that they have attended his lectures on ophthalmic surgery, been examined every Saturday by Dr. M.

P. STEPHENSON, attended the cliniques three days in the week, learned to diagnose diseases of the eye, watched the effect of remedies from day to day, and witnessed the various operations at the hospital, where over 1,000 patients are treated every year; and further said: that he believed they were better qualified to practice this department of their profession than many physicians who have been 20 or 30 years in practice. The diplomas were then presented by SOLOMON JENNER, President of the Institution, as follows:—A. E. Jenner, M.D., Ohio; J. M. Waddle, Yates County, N. Y.; J. P. Schenck, Junior, Dutchess County, N. Y.; De Witt Webb, Dutchess County, N. Y.; J. H. McCann, M.D., Louisville, Ky.; Robert King, Geneva, N. Y.; H. G. Olmsted, M.D., N. Y. City; James Hutchinson, St. John's, N. B.; Charles P. Sanderson, M.D., Ohio; R. J. Mordon, M.D., Canada West; J. H. Chittenden, Binghamton, N. Y.; Thomas Thompson, Delaware County, N. Y.; G. A. Hayunga, M.D., Canada West; J. H. Hunter, M.D., Concord, N. H.; M. C. Rowland, M.D., Washington County, N. Y.; W. J. Orton, Broome County, N. Y.

The graduates were then addressed in a very forcible and appropriate manner by Dr. MARCUS P. STEPHENSON, one of the attending-surgeons, under whose immediate instruction and examination they had been during the past winter. The Valedictory Address was delivered in a very able and pleasing manner by ALEXANDER E. JENNER, M.D., one of the graduating class; and the exercises of the meeting were closed with an eloquent address by J. P. GARRISH, M.D.

COLLEGE APPOINTMENTS.—It is known to most of our readers that Dr. M. K. TAYLOR, who occupied the chair of Pathology and Public Hygiene in the Medical Department of Lind University, has been absent, on duty in the Army during all the past two years, and his place in the college has been temporarily filled by others.

He entered the United States service a surgeon to the 26th Regiment of Illinois Volunteers, subsequently, he was promoted to the rank of brigade or staff-surgeon, and is now in charge of

the military hospitals at Keokuk, Iowa. The continuance of the rebellion, and, consequently, the necessity of still further absence, caused Dr. TAYLOR to resign his position in the college.

Dr. HENRY WING has been appointed to fill the vacancy. Dr. WING filled the chair, temporarily, during the past winter term, and his permanent appointment will be gratifying to all the friends of the institution.

BOOKS AND PAMPHLETS RECEIVED.—We have received a copy of Prof. H. H. Smith's elegant new work on surgery, from the publishers; also, the transactions of the Ohio State Medical Society; transactions of the New York Academy of Medicine; and several reports of asylums and hospitals for the insane, &c., which we have neither time nor space to notice in the present number, but which will be duly attended to in our next issue.

NEW EXCHANGES.—*Canada Lancet:* WILLIAM EDWARD BOWMAN, M.D., Editor, Montreal, Canada; a neatly printed monthly sheet of eight pages.

The People's Dental Journal: edited by W. W. ALLPORT, D.D.S., and S. T. CREIGHTON, No. 32 Washington Street, Chicago. This is a neatly printed journal of twenty-four pages, issued quarterly, and well filled with matter of interest to all classes of people.

We cheerfully place both the above on the exchange list.

ACKNOWLEDGMENT.

MESSRS. EDITORS:—I beg leave, through your pages, to acknowledge my indebtedness to Dr. W. B. WITT, Assistant-Surgeon of the 69th Indiana Infantry, for his invaluable services, in thoroughly preparing for my article on the Surgery of the Battles near Vicksburg, a record of the condition of the patients while on the hospital-boats. Dr. WITT is a gentleman of the best attainments, and is an honor to the service.

E. ANDREWS.

TRIBUTE TO ARMY SURGEONS.—It is with pleasure that we copy the following remarks from the *Inquirer*, an able daily newspaper of this City. The tribute is a worthy one, and handsomely bestowed.

Some medical attendants have not been duly qualified, but their number has been greatly exaggerated; and the Surgeons and Assistant-Surgeons of our Army have in their number a body of as devoted men as could be found in the ranks of any service in the world. Testimonies to this effect are multiplied daily in our correspondence. The sufferings of our medical men during the damp, soaking, rainy, season, have been indescribable. Without comfort themselves, in wretched huts in which a farmer could not confine his pigs, lying on the earth or raised from it a few inches by branches of trees, so hard and rough that sleep is almost impossible, the wearied Surgeon may drop off into a slumber; and when the senses are for a few minutes sealed in repose, the exhausted sufferer will often find himself covered with snow, and chilled to the marrow when he awakes to the reality of his situation.

Among his patients, his ingenuity is taxed to the utmost in order to save life, when men are seized with measles and eruptive diseases. Think of thirty or forty men in a regiment, and there are often more, seized with measles, and lying in a damp tent, and rolled up in a soaking blanket, while the dripping clouds keep everything around in utter wretchedness. What can doctors do in such a situation? We have heard of the most amazing displays of self-sacrificing fortitude and devotion to the cause of humanity, by our medical men, in such situations as we have here suggested. And this, too, in the case of men who were reared as tenderly, and nurtured as affectionately as youth could be, in comfortable homes, to which they might still return, but for their devotion to the public service. Sick themselves, and with the prospect of diseased bodies and broken-down constitutions before them, if they should eventually be spared, they hold on their way; and thus they illustrate the extraordinary tendency that exists in the medical mind to deny self for the good of others. Our readers have heard much of the heroism that leads men to the cannon's mouth, but they have heard little of that patient valor, that nobility of intellect, that mastery over the passions, and that self-denial, which our non-combatants are displaying in the steaming atmosphere of the hospital tent, amid the effluvia of typhoid fever, small-pox, measles, and all the diseases that decimate our armies. Treble the amount of salary which the country has awarded to the medical men who

are exposing their lives in the field, would not remunerate them for what they do and bear.—*Medical and Surgical Reporter.*

McLean Co. Medical Society.—The ninth annual meeting of the McLean County Medical Society met in Dr. A. H. Luce's office, on Monday, April 13, at 1 P.M. Meeting called to order by the President, Dr. Worrell.

Members present, Worrell, Luce, S. Noble Dooly, Ballard, Holderness, Parkhurst, and Park.

On motion of Dr. Luce, Dr. Holderness was elected member of the Society.

The election of officers for the ensuing year being next in order, it was moved, by Dr. S. Noble, that the old officers be continued another year. Adopted.

On motion, the following resolution was unanimously adopted.

Resolved, That a committee of three be appointed to wait on Dr. D. L. Crist and inquire into the facts regarding a case of accouchment in which he is reported to have met in consultation with two "Irregular Doctors" of this city, when the grossest ignorance was manifested.

President appointed Drs. H. Noble, C. R. Parke, and A. Elder, the committee to report at next meeting.

Dr. Parke read a paper on the treatment of Hospital Gangrene by Creosote, for which, on motion of Dr. S. Noble, a vote of thanks was tendered, and a copy requested for publication.

On motion, the following gentlemen were selected as delegates to represent the Society in the State Medical Convention at Jacksonville, on the 1st Tuesday in May: Drs. Crothers, Elder, and Ballard.

On motion, Drs. Parke, Fisher, and Worrell, were appointed delegates to the National Medical Convention, which meets in Chicago, on the 1st Tuesday in June, 1863. Alternates, Drs. Parkhurst, Holderness, and Hoover. Essayists, Drs. Cruthers, and Hoover.

On motion, adjourned to meet in Bloomington, on the 2d Monday in July.

Dr. Worrel, *President.*

C. R. Parke, *Sec'y.*

Logwood as a Deodorizing Agent.—The *American Medical Review* testifies to the value of logwood as a deodorizer for medical purposes. In cancerous diseases of the uterus, in the form of an injection, it is said to be employed with complete success.—*London Lancet.*

GALVANISM APPLIED, BY AID OF THE LARYNGOSCOPE, TO THE VOCAL CORDS.—The electric current has been brought to bear directly on the vocal cords by Dr. Morell Mackenzie, and two cases of functional aphonia have yielded to it immediately. One patient had completely lost her voice for two years, and had been in London Hospital for some months, where every remedy had been used in vain by Dr. Mackenzie. Cauterization of the larynx, blisters, and even the employment of galvanism externally, had all failed, but the application of galvanism directly to the vocal cords succeeded at once, and, after a week, the patient spoke as well as she had two years previously.

In the other case, where the loss of voice was of eighteen months' duration, and where every kind of treatment had been tried unsuccessfully in the London Hospital, the voice was immediately restored by galvanism directly applied to the vocal cords. Dr. Mackenzie has invented an instrument, by which the electric current can be set going, but does not pass beyond a certain distance till the point is introduced into the larynx, when a spring is touched, and the current reaches the vocal cords. Dr. Mackenzie recommends the remedy in the early stages of clergymen's sore-throat, before the perverted state of the nerves has led to follicular deposit.—*Medical Times and Gazette*, Feb. 7, 1863.

RESIGNATION OF PROFESSOR SAMUEL JACKSON.—We learn that Professor Jackson, who so long and very ably filled the chair of Physiology in the University of Pennsylvania, intends at once to tender his resignation. Dr. J. was an enthusiatic, highly interesting, and brilliant lecturer, and inspired his hearers to a great extent with his own zeal for physiological investigations. We wish him in his retirement the repose he is so well entitled to, with health, long life, and every comfort.—*Medical News and Library.*

CONTAGION OF SECONDARY SYPHILIS.—Among the victims of secondary syphilis, writes M. Diday in *Gazette de Lyons*, are the glass-blowers at Giers and Vernasion. The frequency of syphilis among this class of workmen has long been observed, and the fact also that the disease almost always commences in the month. Three individuals are obliged to blow forcibly, one immedately after the other, into a hot iron tube, which they are forced to compress strongly with their lips. Hence, therefore, if in one of the three syphilitic disease of the mouth should exist, its propagation is readily effected. At Lyons we con-

tinually meet with cases of syphilis which have been contracted in this way; and occasionally there arise actual epidemics of the disease. M. Diday has presented this state of affairs to the magistrate of the district, and has recommended that a capable physician should be appointed to superintend the *blowers* in these glass establishments, and to prevent any one who has a syphilitic disease of the mouth using the tube alluded to.—*British Medical Journal*, Nov. 29, 1862.

THE MARSHALL HALL PHYSIOLOGICAL TEST FOR STRYCHNINE.—It is related of Dr. Marshall Hall, in his biography, that at one time the number of criminal poisoning cases, and the conflicting evidence in regard to the employment of strychnine in some of these set him thinking on the subject. His long series of experiments on the nervous system has rendered him well acquainted with the action of strychnine upon the frog, and "it occurred to him that the extreme susceptibility of this animal to the influence of strychnine would constitute it the most delicate test of its presence, thus substituting a physiological for a chemical test. Aided by Mr. Bullock, of Hanover Street, he performed a series of experiments, by which it was at length satisfactorily demonstrated that a young frog might be rendered tetanic by the *five-thousandth part of a grain* of strychnine!" These experiments were communicated by him in detail to *The Lancet* in 1856. This ingenious suggestion of our great English physiologist has recently been acted upon at North Shields, in the *post mortem* examination of Mrs. Gilhespie, an account of which will be found in our pages. It is stated in *The Times* of November 8th, that "a *drop* of an acidulated solution of the residue from the stomach and duodenum brought in contact with the skin of a young frog produced violent convulsions. Three or four additional drops were applied, with intermissions, and it died at the expiration of half an hour."—*London Lancet.*

PERSONAL.—Surgeon Horace Wardner, formerly one of the faculty of the Lind University in this city, who has been in the service since the organization of Col. John McArthur's (12th) Regiment, is spending a ten days' leave of absence with his Chicago friends. The doctor has been, since he left home, in charge of the hospitals at Paducah and Corinth, besides on extended service in the field, and was, until recently, Assistant Medical Director upon Gen. Grant's staff, from which position he has been promoted to Medical Director of the Department of Cairo, with his headquarters at Mound City. He has

achieved a fine reputation in the army as a gentleman and an operator. His health has suffered considerably from the climate into which the discharge of his duties called him, but, with his more northern location, it will, doubtless, be restored to him.

Medical Secrecy.—The Medical Societies of Paris are at present exercised in regard to the question, whether a physician when consulted with regard to the health of a patient in reference to marriage, should refuse to give any information? The societies of the viii and ix arrondissements have decided as to the obligation of secrecy; while the society of the vii arrondissement have declared that while in general, the above rule is correct, there are also circumstances in which the dictates of conscience are the above law [a higher law]. This last seems to us to be a dangerous decision, and one which might lead to great abuses.

Knowledge gained by a physician in his professional capacity should be deemed sacred, and not to be divulged under any circumstances. It is very questionable whether it be safe to make any exceptions to this rule, and if any be made, they must be extremely rare.—*Medical News and Library.*

Curara in Hydrophobia.—The Commission appointed at the Milan Hospital, for the purpose of testing the value of curara as a remedy for hydrophobia, have reported that it has failed to establish its claim as a remedy.—*London Lancet.*

Remarkable Instance of the Glancing of a Minie Ball.—Sir: The accompanying case appears to me to be one of unusual interest. If it deserves your attention, you are at liberty to publish it.

Geo. Fowler, Co. F. 50th N. Y., was admitted into hospital, December 19th, with a gun-shot wound received at Fredericksburg, December 13th, the ball entering just behind the left great trochanter, but not emerging. A probe following the track of the ball made an *obtuse* angle of about 115° with the shaft of the femur. A small fragment of bone was found splintered from the great trochanter and extracted.

Jan. 3d.—I discovered tenderness and a point of hardness at upper border of left nates, which was suspected to be the ball, but from its great depth under the muscles, it was impossible to determine. I conferred with two surgeons, who dissented, on the ground that the ball, if there, *must have glanced at an acute angle.* Still, not being able to account for the tender and in-

durated spot, and the operation unattended with danger, I cut down two inches through the muscles, and came upon the ball, the *curvature* of which corroborated the supposition as to its direction.

Yours, etc.,

GEO. F. FRENCH, M.D., A.A. Surg., U.S.A.

American Medical Times.

STATISTICS OF THE GLOBE.—The following curious facts are stated by the *Abeille Médicale:*—The earth is inhabited by about 1,288,000,000 of inhabitants, viz.: 369,000,000 of the Caucasian race, 552,000,000 of the Mongolian race, 196,000,000 of the Ethiopian, 1,000,000 of the American Indian, and 200,000,000 of the Malay races. All these respectively speak 3064 languages, and profess 1000 different religions. The amount of deaths per annum is 333,333,333, or 91,954 per day, 3730 per hour, 60 per minute, or 1 per second; so that at every pulsation of our hearts, a human being dies. This loss is compensated by an equal number of births. The average duration of life throughout the globe is 33 years. One-fourth of its population dies before the seventh year, and one-half before the seventeenth. Out of 10,000 persons, only one reaches his hundredth year, only one in 500 his eighteenth, and only one in 100 his sixty-fifth. Married people live longer than unmarried ones, and a tall man is likely to live longer than a short one. Until the fiftieth year, women have a better chance of life than men, but beyond that period the chances are equal. Sixty-five persons out of one thousand marry. The months of June and December are those in which marriages are most frequent. Childern born in spring are generally stronger than those born in other seasons. Births and deaths chiefly occur at night. The number of men able to bear arms is but an eighth of the population. The nature of the profession exercises a great influence on longevity: thus out of 100 of each of the following professions the number of those who attain their seventieth year is—among clergymen, 42; agriculturists, 40; trades and manufacturers, 33; soldiers, 32; clerks, 32; lawyers, 29; artists, 28; professors, 27; and physicians, 24; so that those who study the art of prolonging the lives of others are most liable to die early, probably on account of the effluvia to which they are constantly exposed. There are in the world 335,000,000 of Christians, 5,000,000 of Jews, 600,000,000 professing some of the Asiatic religions, 160,000,000 of Mahometans, and 200,000,000 of Pagans. Of the Christians, 170,000,000 profess the Roman Catholic, 76,000,000 the Greek and 80,000,000 the Protestant creeds.—*Boston Med. and Surg. Journal.*

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